American Optometric Association
NEWS™

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Volume 50 October 2011 No. 4

Medicare pay takes center stage as lawmakers convene congressional deficit reduction committee

The AOA is now closely monitoring the moves of a new bipartisan congressional committee created under legislation approved earlier this year and aimed at reducing budget deficits, raising the debt limit and avoiding default on payments to service the national debt.

After months of deliberations, the White House and congressional leaders reached an eleventh-hour deal to break the impasse over raising the national debt limit.

Known as the Budget Control Act (BCA), the plan calls for two phases to implement new policies that would help ease annual budget deficits.

Under the first phase of the plan, the BCA calls for a reduction in federal spending of $917 billion over the next 10 years.

During this first round of cuts, the new law expressly exempts Medicare and Medicaid from being targeted.

However, those protections do not exist under the plan's second phase.

A main feature of the BCA, the second phase creates a special bipartisan committee of 12 members of Congress charged with finding an additional $1.2 trillion or more in deficit reduction over a 10-year window.

As the committee begins its work, the AOA fully expects Medicare payments to be on the table.

Named the Joint Select Committee on Deficit Reduction, the panel is better known in the nation's capital as the "super committee."

See Deficit, page 13

Envision excellence

The AOA Vision Rehabilition Section is recognized with the Envision Excellence in Advocacy Award. Shown from left, Kendall Krug, O.D.; Katherine White, O.D.; Lori Grover, O.D.; David Lewerenz, O.D.; Michael Epp, Envision director; Judy Goldstein, O.D.; Roanne Flom, O.D.; Laurie Hoffman, O.D.; and Joan Stelmack, O.D.

2011 AOA American Eye-Q® Survey shows generations don't see 'eye to eye'

According to the AOA's annual American Eye-Q® survey, specific generations have different levels of knowledge and varying views and habits when it comes to eye and vision care.

From seasonal eye allergies, to ultraviolet (UV) protection, to contact lens hygiene, the survey finds that the traditionalist (or silent) generation (1925-1945), baby boomers (1946-1964) and generations X (1965-1977) and Y (1978-1994) all vary in their eye and vision knowledge and habits.

"While there are differences in eye and vision health habits among the generations, the good news is most recognize that maintaining visual health through yearly, comprehensive eye exams is essential," said Teri Geist, O.D., chair of the AOA Communications Group Executive Committee.

Contact lenses

According to the 2011 American Eye-Q® survey, younger generations are the most diligent about following their doctors' contact lens wear and care instructions. Gen Y-ers, are the most likely to replace their daily disposable lenses on a daily basis as directed (43 percent), while baby boomers proved to be the greatest offenders, with 67 percent admitting to wearing lenses longer than recommended.

"It's easy for patients to forget that contact lenses are medical devices and as such, should be handled with an appropriate level of caution," said Dr. Geist. "Clean and

See Eye-Q, page 18

Obviously, those *aren't* Shamir lenses

If they were, his family would proudly place their newly carved works of art on the porch for all the neighborhood to enjoy. Everyone would marvel at their brilliance and declare them "Best of the Block". Instead, he chose the other guy's lenses and well, unfortunately for him, he may have just ended Junior's basketball career. Don't let your patients miss their shot. Make sure you recommend Shamir lenses to all of them (or at least the ones you like).

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PRESIDENT'S COLUMN

For the love of optometry...

And the earth shook in fear when I arrived in Washington, D.C., to visit with Kathleen Sebelius, Secretary of the U.S. Department of Health & Human Services.

Okay, perhaps that's a little bit of a stretch, but it is true to a certain extent.

Last month, AOA staff and I were granted some time with Ms. Sebelius to talk about the pediatric vision benefit that has yet to be defined inside of health care reform.

A meeting at a time when she is not granting many meetings showed the importance of the AOA and a topic that could potentially help millions of children in the United States – eye exams for kids. A basic premise of life... it is much easier to learn when one can see well.

I also had the opportunity to visit with Dr. Alexa Posny, Assistant Secretary for Special Education and Rehabilitative Services. She was one of our keynote speakers at the School Readiness Summit last April.

This was a great meeting to touch base with her and talk about early intervention for kids to detect vision problems that could affect learning.

Now, back to the part about the earth shaking in fear.

I experienced my very first earthquake that same day. For my California friends who are laughing, I realize a 5-point-something quake is no big deal for you, but it did seem to create some fear in Washington, D.C. I was on a plane at the gate when the earthquake hit. I wondered if high winds caused the plane to rock like it did, but really wasn't sure what happened. The humor was not lost by the pilot who came over the airwaves saying, "Ladies and gentlemen, we have some good news and some bad. The good news is we're ready to push back. The bad news is the rocking you just felt was an earthquake, and the tower was swaying so much that everyone vacated the tower. We're not going anywhere until someone gets back up in the tower to give us directions."

I wish I could take all of you on these school stops with me, as I have learned so much. I'm teaching them, and they're teaching me.

From D.C., I traveled to Charlotte, N.C., – where the impending hurricane was supposed to land – for the AOA Ophthalmic Council™ meeting.

The Ophthalmic Council™, which was formed in 1998, addresses key issues affecting the vision care community and consists of a cross-section within the ophthalmic community. Its purpose is to create an informational forum for the leaders of the ophthalmic industry and the AOA to communicate their respective ideas and concerns and to enhance and advance the ophthalmic industry to better serve the patient/consumer.

We had a productive meeting, but ultimately decided to cancel the AOA Board meeting that followed it. Charlotte is a hub, and there were concerns we would be stuck for a few days because of disrupted air travel.

The rest of this last month has been made up of conference calls in an attempt to address concerns that would have normally been handled at our board meeting.

I've been gearing up to travel to several meetings this fall, and I started up my school tour to visit the remaining 11 universities. I had three stops in the month of September. I wish I could take all of you on these stops with me, as I have learned so much. I'm teaching them, and they're teaching me.

So, the 200-plus e-mails in a day. The hours spent on the phone discussing issues where I'm trying to build a consensus. The juggling of running two practices, doing payroll for the staff (yes, I still do that), trying to get everything ready for attestation of Meaningful Use of EHR, celebrating birthday week in our home (boys with birthdays six days apart), and starting up the second half of my school tour – it's all worth it – especially when I get phone calls from members thanking me for being an advocate for optometry.

Dr. Carlson

A colleague called me last week purely for the purpose of thanking me for what I'm doing on behalf of AOA. Thank you for that pep talk! I needed it.

It's for the love of our profession. I love being an optometrist. My best friend/husband is an optometrist, and I have a son who told Wayne Brady this past June he wanted to be an optometrist.

So earthquakes, hurricanes, tornadoes, issues affecting the future of optometry – bring it on!

Personally, I like a good snowstorm now and then. I do live in North Dakota, after all.

Dori Carlson, O.D.
AOA president

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ABO releases results of inaugural exam, announces new board member

The American Board of Optometry (ABO) announced the release the results of its inaugural Board Certification Examination given in June.

Of the 489 Active Candidates completing the examination, 453 (92.6 percent) were successful in becoming diplomates of the ABO. The diplomates are from 45 states and the Commonwealth of Puerto Rico.

New diplomates will be listed on the ABO Web site (*www.americanboardofoptometry.org*).

"We extend congratulations to this group of optometrists who have taken the first step in demonstrating their commitment to lifelong learning," said David A. Cockrell, O.D., ABO chairman of the board. "We are pleased with the number of candidates who took on the challenge of the first examination and look for this number to grow significantly in the coming year."

Registration opened on Sept. 2, 2011, for the next ABO examination, scheduled for Nov. 28 – Dec. 11, 2011, at Prometric Test Centers worldwide.

"We are pleased with the number of candidates who took on the challenge of the first examination and look for this number to grow significantly in the coming year."

New board member

The ABO also announced the election of a new optometrist to its board of directors. Chelsea L. Miller, O.D., was unanimously elected to serve on the ABO board.

Dr. Miller is a 2010 graduate of Indiana University School of Optometry, where she was an active member of Volunteers in Optometric Service to Humanity (VOSH) and was involved in several VOSH mission trips to Guanajuato, Mexico.

After graduation, she completed her residency training in ocular disease at Omni Eye Services of Atlanta.

Dr. Miller is currently in a busy private practice in Racine, Wis., where she specializes in diagnosis and management of ocular diseases, in addition to practicing primary care optometry.

ABO recognized as 'fully qualified' for PQRS by CMS

The Centers for Medicare & Medicaid Services (CMS) announced that the American Board of Optometry (ABO) has qualified for purposes of the 2011 Physician Quality Reporting System (PQRS) Maintenance of Certification (MOC) Program Incentive.

The ABO successfully completed the vetting process to ensure that the ABO MOC program meets the requirements for participation in this incentive.

In this program, physicians will have the opportunity to earn the PQRS incentive, and an additional incentive of 0.5 percent, by participating in additional activities of a qualified MOC program including a practice assessment module.

The ABO qualified for the program along with five boards of the American Board of Medical Specialties and one podiatry board. Those fully qualified boards include:

- American Board of Allergy and Immunology
- American Board of Dermatology
- American Board of Neurological Surgery

American Board of Nuclear Medicine

- American Board of Optometry
- American Board of Podiatric Orthopedics and Primary Podiatric Medicine
- American Board of Radiology

Additional details are available on the CMS MOC Program Incentive site (*https://www.cms.gov/PQRS/23_Maintenance_of_Certification_Program_Incentive.asp*).

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Medicare offers EHR attestation worksheet

The U.S. Centers for Medicare & Medicaid Services (CMS) is now offering an Eligible Provider Attestation Worksheet to assist health care practitioners in qualifying for payments under the Medicare Electronic Health Records (EHR) Incentive Program.

Under the incentive program, health care practitioners can receive up to $44,000 (or up to $48,400 in a federally designated Health Professional Shortage Area [HPSA]) over a five-year period by implementing EHR systems, certified for use in the program, and demonstrating compliance with the program's EHR utilization criteria (known as the "meaningful use" standards).

Health care practitioners, in future years, will document compliance with the utilization standards by downloading data directly from their EHR systems to the CMS via a special Web site. However, this year and next, they will attest compliance by answering a series of questions on the Web site. Some of the questions require a simple "yes" or "no" response. Others require the reporting of data available through readouts in the EHR software.

The new worksheet is designed to allow practitioners to organize the required data in advance, making sure they have all the necessary information and determining in advance if they have met the utilization criteria.

Practitioners can effectively use the worksheet to "practice" the attestation process, CMS officials said.

The eight-page worksheet provides spaces for the reporting of:

- The 15 required meaningful use core measures
- The 10 menu measures from which practitioners must select five (including at least one public health measure, and
- The nine clinical quality measures (CQMs) (three core, three alternate core, and three "additional" measures) from which practitioners must report a total of at least six.

CMS officials believe the worksheet may be particularly valuable in helping practitioners to understand and select the CQMs and public health measures. It may also help practitioners understand the process by which they may claim exclusion from some measures.

The Medicare EHR Incentive Program runs from Jan. 1, 2011, to Dec. 31, 2016.

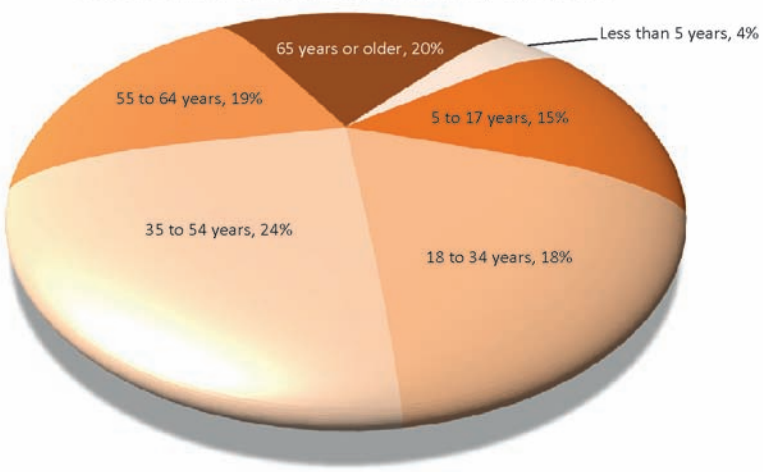
Practitioners in their first year of the program must qualify for incentives by demonstrating compliance with the government's initial Stage 1 meaningful use standards over the course of a 90-day reporting period during one calendar year. The final reporting period for 2011 began Oct. 1. The next will begin Jan. 1, 2012.

Health care practitioners can access the worksheet in the "Downloads" section of the CMS EHR Incentive Program Web page (*www.cms.gov/EHRIncentivePrograms/Downloads*).

OPTOMETRY FACTS IN FOCUS

According to a recent AOA census of member optometrists, the largest patient age group in the average optometric practice is 35 - 54, comprising 24% of the total practice patient population, and the smallest patient age group is less than five years at only 4% of the patient population. The remaining four age groupings fall into a patient population range from 15% to 20% each.

Characteristics of Optometry Patients by Age, 2009



Source: AOA Research & Information Center, 2010 Census of Optometric Practice. "RIC@aoa.org"

Visit www.aoa.org/2010Characteristics to read the Executive Summary and learn how you can obtain full results from the 2010 Census of Optometric Practice.

Medicare moves again toward all-electronic pay

In its latest move to convert Medicare to an all-electronic claim processing and reimbursement system, the U.S. Centers for Medicare & Medicaid Services (CMS) last month announced it will focus on electronic funds transfer (EFT) during a two-year "revalidation" program that was announced by the CMS in August (see *AOA News*, September 2011). Most optometrists who are enrolled to provide physician services or post-cataract eyeglasses already have an EFT Authorization Agreement (CMS Form 588 EFT) on file with the agency and accept Medicare reimbursements through direct deposit to their bank accounts. Any optometrists who treat Medicare beneficiaries and do not now accept Medicare reimbursements electronically will have to file an EFT authorization when they re-enroll in Medicare.

The federal government has long required electronic reimbursement but the Centers for Medicare & Medicaid Services has been slow to implement the process.

Although Form 588 has long been required for enrollment or re-enrollment in Medicare, this is the first time the CMS plans to identify noncompliant practitioners and businesses who are enrolled in Medicare.

For additional information on the revalidation program, see "HHS anti-fraud program to mean new scrutiny, fees for physicians" in the March edition of *AOA News* (*http://newsfromaoa.org/2011/03/04/hhs-anti-fraud-program-to-mean-new-scrutiny-fees-for-physicians-2/*) or the Medicare Learning Network article "Further Details on the Revalidation of Provider Enrollment Information" (*https://www.cms.gov/MLNMattersArticles/downloads/SE1126.pdf*).

A more detailed discussion of the EFT requirement as well as additional information can also be found on the AOA Web site Regulatory Compliance Page (*www.aoa.org/x4837.xml*).

MSP adjustment system delayed

The U.S. Centers for Medicare & Medicare Services (CMS) has announced it is delaying implementation of its Automated Medicare Secondary Payer (MSP) Adjustment system.

The system, originally set for launch in July, is supposed to provide a process under which Medicare automatically reopens and adjusts certain MSP claims when a beneficiary's MSP claims record is deleted or an end date is applied to an open beneficiary MSP record.

That would mean physicians, providers, and suppliers would no longer be required to contact their Medicare contractors to adjust or reprocess such MSP claims.

The CMS informed physicians, providers, and suppliers of the system through a July 1 listserv message.

However, problems with the system are causing delays.

"Therefore, if you have claims that were processed since July 1 that need to be reopened/ adjusted due to Medicare now being the primary payer, you should contact your local Medicare contractor to request that action," CMS officials noted in e-message last month.

Health care practitioners will be notified when problems with the system are resolved, CMS officials said.

Outreach at annual VFW meeting highlights optometry's vital role in veterans' care

For the eighth consecutive year, volunteer optometrists and optometry students partnered with the AOA to help preserve and protect the sight of this nation's veterans.

As with previous years, dedicated ODs and students took time away from their families to provide no-cost eye health and vision assessments to hundreds of American veterans during the annual meeting of the Veterans of Foreign Wars (VFW).

Held this year in San Antonio, Texas, which is also known as the "Military City," the VFW National Convention ran from Aug. 26 through Sept. 1, 2011. With its statewide reach, the Texas Optometric Association (TOA) played a key role in the success of this annual effort.

At the meeting, Republican Presidential candidates Texas Gov. Rick Perry and former Massachusetts Gov. Mitt Romney addressed convention delegates.

Deputy Veterans Affairs (VA) Secretary Scott Gould, who has worked extensively on the VA's conversion to electronic medical records, also addressed the crowd.

During the first day of the vision and eye health assessments, a veteran was suspected of having a detached retina and was immediately sent to the local VA emergency room for follow up.

During the first day of the vision and eye health assessments, a veteran was suspected of having a detached retina and was immediately sent to the local VA emergency room for follow up.

Once again, the VFW convention offered many opportunities to reinforce optometry's role with the veteran community as principal eye care providers.

The AOA would like to thank the San Antonio optometrists and students who assisted with the vision and eye health assessments, which were coordinated by Monica Allison, O.D.

The AOA would also like to thank Optos for providing a retinal imaging device as well as two review stations.

Knowing the importance of eye and vision care for America's veterans, the AOA plans to offer eye assessments again next year when the VFW National Convention is held in Reno, Nev.

From left, Kelly Hipp, AOA director of Professional Relations, Coby Ramsey, O.D., of the AOA Professional Relations Committee (PRC), Deputy Secretary of Veterans Affairs Scott Gould, and PRC Chair Jacquie Bowen, O.D.

At right, AOA Advocacy Group Executive Committee Chair Jerald Combs, O.D., presents the 2011 AOA Advocacy Leadership Award to Randy Coshatt, O.D., for following in the advocacy footsteps of his father, Elbert "Bert" Coshatt, O.D. The elder Coshatt helped pass the "Coshatt Amendment," which is a special optometry access provision included within the federal Medicaid statute and has been successfully used by the AOA to prevent and even reverse states seeking to end optional optometry services under Medicaid.

AOA trustees welcome new director of Third Party Center

AOA Board of Trustees Barb Horn, O.D., at left, and Hilary Hawthorne, O.D., at right, welcome the AOA's new Third Party Center (TPC) head, Lendy Pridgen. As TPC director, Pridgen will be leading the charge in extending the AOA's advocacy mission to key health plan and corporate decision-makers around the country, as well as educating doctors and students about the challenges and opportunities in the business of health care environment.

Pridgen has a strong record of leadership and expertise on the business side of health care, founding and serving as president of Capital Health Management, Inc. AOA members with questions or issues relating to coding, discrimination, credentialing, parity, ERISA or others concerns in the third-party area should contact Pridgen at *lpridgen@aoa.org* or 703-837-1013.

AOA launches enhanced version of AOAConnect

The AOA evolved its ongoing online social engagement strategy with the Oct. 10 unveiling of an all-new version of AOAConnect. The new version of AOAConnect went online with significant enhancements that allow members to network, engage and easily communicate with each other.

"Our team has worked hard to build a number of noticeable improvements into this completely new version of AOAConnect," said Reggie Swanigan, AOA chief information officer. Members will notice:

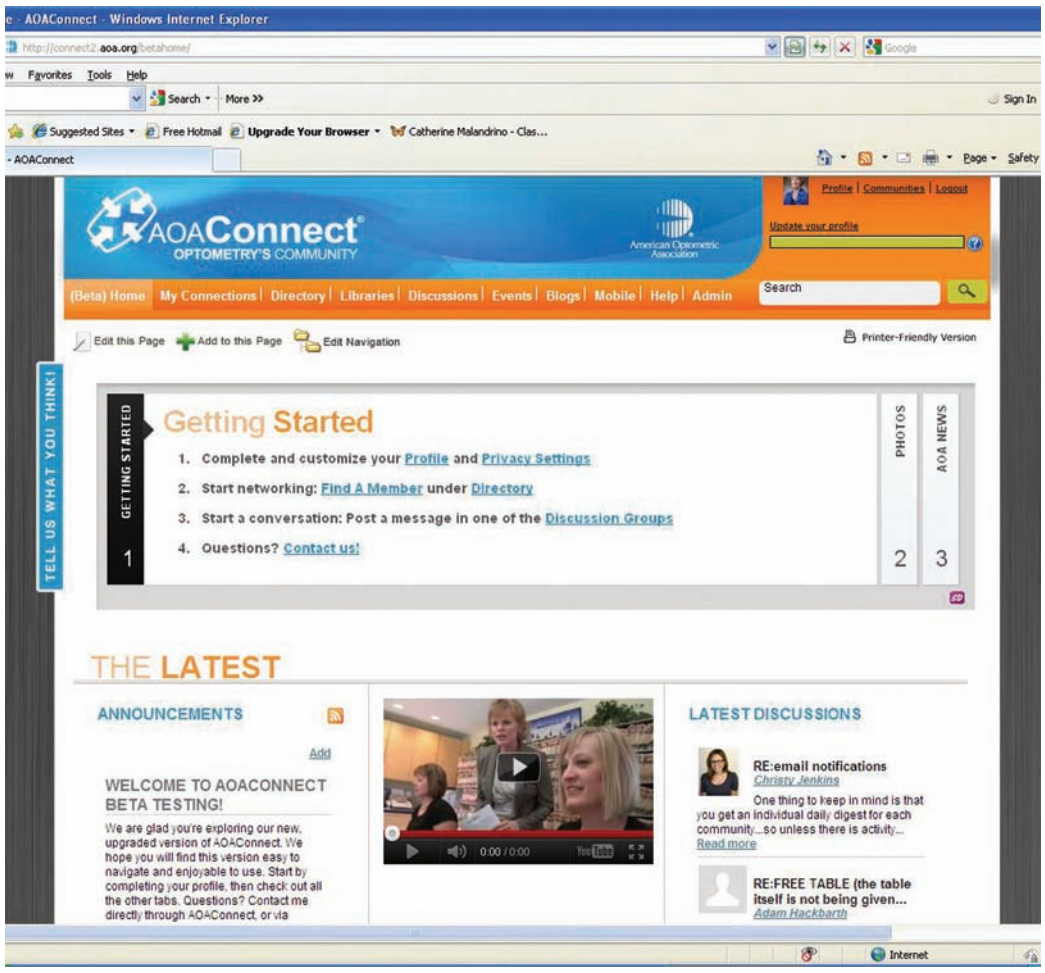
- A fresh design throughout the site and notably improved performance across the platform
- A dedicated Frequently Asked Questions (under the Help tab) to help members get started
- More intuitive navigation throughout the site
- Discussion threads in Communities that are easy to create, join and follow
- Libraries—members can share and enhance their knowledge by uploading and viewing files relevant to Communities and interests
- More robust Profiles that feature personal Social Media Links and expanded Job History
- Better control of Privacy, Profile, E-mail and Community Digest settings
- Easier networking—members are automatically linked to Networks (visible in your Profile) that are predefined by information in AOA member records
- Mobile capability—AOAConnect is now portable via our custom smartphone app

Easier networking—members are automatically linked to Networks (visible in your Profile) that are predefined by information in AOA member records

The Blogs area of the new AOAConnect is one highlight of the redesigned site for optometrists who want to share expertise, observations and experiences.

"Members can link to blogs they have on other social sites in their profiles, but we encourage members to start a new blog under the Blog tab. Entries don't have to be long or frequent. Our members have a voice, and our goal is to have a blogging community in optometry using the AOAConnect platform," said Swanigan.

To access AOAConnect, go to *http://connect.aoa.org*. The smartphone app is available on the iPhone, iPad, Android and Blackberry platforms.



The all-new AOAConnect goes online with significant enhancements that allow members to network, engage and easily communicate with each other. Features include a new design, intuitive navigation, discussion threads, libraries, expanded profiles, better privacy control, easier networking, and a mobile app. There's even a place for members to blog and share expertise, observations and experience. Visit *http://connect.aoa.org* to check it out.

What's all the tweeting about?

Here's a taste of what some in the optometric world are talking about on Twitter and Facebook.

@HROsocial tweeted: Have you heard about #EyeLearn from @AOAConnect? It's a great online learning resource! #CE #continuingeducation - http://ow.ly/6vGmJ

@Tips4Eyes retweeted: @aoaconnect: From @USATODAY, a look at fall eyewear trends. http://yourlife.usatoday.com/your-look

American Optometric Association posted on Facebook: This week is Paraoptometric Recognition Week, sponsored by the AOA Paraoptometric Section. What's the most effective way you've found to recognize your staff?
Comment: 20/20 Eye Care Centers Balloons, candy, and ribbons for them to wear all week. We love our staff!

OptometryStudents.com posted on the AOA Facebook page: Have you heard of the American Optometric Association Compass? Check out this sweet online tool for students! http://optometrystudents.com/aoa-unveils-the-compass/

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Reference: 1. Lemp, J., Garafolo, R., Napier, L., Stein, J., Lally J. Clinical Assessment of an Investigational Multi-Purpose Disinfecting Solution. Poster accepted for presentation at: AOA, June 2011.

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Conduct standards offer ODs practical ethics guidance

Patient selection, advertising, and relationships with industry are among the subjects covered in a new set of Standards of Professional Conduct for optometrists, approved in June by the AOA House of Delegates at Optometry's Meeting®.

The optometric professional conduct standards document is designed to provide practitioners useful guidance on the application of the AOA Code of Ethics in day-to-day practice, according to AOA Ethics & Values Committee (EVC) Chair James Paramore, O.D.

"The Standards of Professional Conduct describe some circumstances in which the principles of the Code of Ethics could be put into practice, serving as a guide beyond the generality of the principles stated in the Code," Dr. Paramore said.

The committee, part of the AOA Clinical and Practice Advancement Group, has been at work developing the standards since the Code of Ethics was last revised in 2007.

"The standards document reflects suggestions and comments made by numerous AOA members and ethics consultants and is consistent with what other health care professions have done to make their codes of ethics more relevant for their practitioners," according to Morris Berman, O.D., EVC immediate past chair.

"Perhaps, the main purpose of the Standards of Professional Conduct document is to encourage doctors of optometry to thoughtfully consider the professional and ethical issues that arise in their everyday practice, helping to achieve greater insight into what it means to be professional," Dr. Berman said.

Among the subjects specifically covered in the standards document:

- Patient participation in health care decisions
- Confidentiality of patient information
- Maintaining professional competence
- Conflict of interests, and
- Public health obligations

...the main purpose of the Standards of Professional Conduct document is to encourage doctors of optometry to thoughtfully consider the professional and ethical issues that arise in their everyday practice...

"In order to stay current with the evolution of optometry, health care, and ethics, the Ethics and Values Committee considers this document to be an evolving work in which updates could be brought to the House of Delegates for future consideration," Dr. Paramore said.

Taking part in development of the code, along with Drs. Paramore and Berman, were present or past AOA Ethics and Values Committee members Douglas Totten, O.D.; Carolyn Carman, O.D.; N. Scott Gorman, O.D., Ed.D.; Daniel Reiser, O.D.; Timothy Rioux, O.D.; Thomas Eichhorst, J.D.; Beth Kneib, O.D.; Jeffrey Weaver, O.D., and Leon Carslick.

The content outline of the AOA Standards of Professional Conduct appears in the box at right. A discussion of the development of the document appears in the box below.

A more detailed discussion of the new AOA Standards of Professional Conduct will appear in a future issue of *Optometry: Journal of the American Optometric Association*.

AOA members can find the complete text of the AOA Standard of Professional Conduct in the October edition of *Optometry* or on the AOA Web site's Ethics and Values page (*www.aoa.org/x4877.xml*).

Standards of Professional Conduct outline professional, ethical duties for optometrists

The profession of optometry is privileged to serve the eye care needs of the public and is entrusted by society to do so in a professional and ethical manner. The placement of the patient's interests above self-interest is referred to as fiduciary duty and is the primary ethical responsibility of all health care professionals. Specifically, optometrists have the duty to look after the best interests of their patients with regard to the patient's eye, vision and general health. Additionally, the ethical optometrist strives to protect and enhance the health and welfare of the public in general.

The American Optometric Association (AOA) has adopted a Code of Ethics and Standards of Professional Conduct to guide optometrists in their professional and ethical duties. These documents are supplemented by The Optometric Oath, and certain AOA House of Delegates' resolutions and Board of Trustees' policy statements. The content of these ethical documents and pronouncements is the result of a continually evolving relationship between the

See Conduct, page 14

AOA Standards of Professional Conduct content outline

A – Patient Autonomy ("self-determination")

The optometrist has the duty to involve the patient in care and treatment decisions in a meaningful way, with due consideration of the patient's needs, desires, abilities and understanding, while safeguarding the patient's privacy.

1. Patient Participation
2. Confidentiality
3. Truthfulness
4. Informed Consent
5. Patient Records

B – Non-maleficence ("do no harm")

The optometrist has the duty to avoid acts of omission or commission that would harm the patient.

1. Standards of Care
2. Professional Competence
3. Delegation of Services
4. Conflict of Interest
5. Referral
6. Relationships with Patients
7. Impaired Optometrist

C. – Beneficence ("do good")

The optometrist has the duty to proactively serve the needs of the patient and the public at large regarding eye, vision and general health.

1. Character
2. Respect for the Law
3. Protected Populations
4. Public Health
5. Clinical Research and Trials

D – Justice ("fairness")

The optometrist has the duty to treat patients, colleagues, and society fairly and without prejudice.

1. Patient Selection
2. Patient Abandonment
3. Advertising
4. Economic Interests

E – Non-patient Professional Relationships

Optometrists have an obligation to conduct themselves with integrity and without conflicts of interest in all of their professional relationships.

1. Relationships with Industry
2. Employer-Employee Relationships
3. Harassment and Relationships with Subordinates
4. Expert Testimony

Deficit

from page 1

Chaired by Sen. Patty Murray (D-Wash.) and Rep. Jeb Hensarling (R-Texas), the panel held its first meeting last month and is expected to produce a draft proposal within weeks.

Appointed by U.S. House and Senate leadership, the panel also includes Sens. Max Baucus (D-Mont.), John Kerry (D-Mass.), Jon Kyl (R-Ariz.), Rob Portman (R-Ohio), Pat Toomey (R-Pa.), and Reps. Dave Camp (R-Mich.), Fred Upton (R-Mich.), Xavier Becerra (D-Calif)., Jim Clyburn (D-S.C.), and Chris Van Hollen (D-Md.).

As outlined under the BCA, the new committee has until Nov. 23 to sign off on a plan to cut at least $1.2 trillion from future budget deficits.

The law also requires that the super committee's plan be approved by both the U.S. House of Representatives and Senate by Dec. 23 to prevent a backup trigger scenario.

In the event that the super committee fails or the group proposes a plan too small, the BCA would automatically impose cuts of up to $1.2 trillion across most government sectors.

While this trigger scenario would protect seniors, the annual hit to doctors could be $10 billion to $15 billion per year.

Under either a negotiated deal or a trigger, the AOA is working to ensure that payments to ODs are not unfairly targeted and that Congress finds an equitable solution.

The AOA will continue working to make clear the essential role that ODs play in ensuring the health of America's seniors and in preventing more costly interventions down the road.

In addition to this increased possibility of cuts to Medicare payments as a result of super committee deliberations, ODs and other physicians are also facing the threat of a nearly 30 percent cut scheduled to take effect Jan. 1, 2012 as a result of continued reliance on the flawed Sustainable Growth Rate (SGR) formula.

While the SGR Medicare physician payment issue may be among those covered in debt negotiations, the AOA continues to work with Congress to replace the SGR payment formula with a fair system that reflects quality, essential eye and vision care and safeguards patient access to their local doctor of optometry.

AOA members with questions or concerns should contact the AOA Washington office at: 800-365-2219 or *ImpactWashingDC@aoa.org*.

To learn more about the deficit super committee, visit the new panel's Web site at: *http://deficitreduction.senate.gov/public/*.

OD is first on Kansas HIE

Eric C. McPeak, O.D., on Aug. 22, became the first health care practitioner to exchange clinical data through the new Kansas Health Information Network (KHIN).

"Because optometry is an integral part of the overall health care delivery system, I really like the idea that I can securely communicate with my patients' other health care providers about diabetes and other systemic conditions so we can work together to have the best possible outcomes for the patient," said Dr. McPeak.

Officially launched earlier this year, the KHIN is a unique, provider-based health information exchange (HIE), developed by the Kansas Medical Associates and Kansas Hospital Association to ensure health practitioners in the state would be able to securely transfer health data in time to qualify for incentive payments, this year, under the Medicare Electronic Health Records Incentive Program. The Kansas Optometric Association has strongly supported the effort, according to Executive Director Gary Robbins.

Dr. McPeak, who has two office locations, in Hiawatha, Kan., and Falls City, Neb., confirmed last month that he plans to meet all of the Medicare incentive program's EHR utilization criteria and qualify for payments during 2011.

Dr. McPeak graduated from Northeastern State University College of Optometry in Tahlequah, Okla. in 1999. He followed that with a one-year, primary care residency at the U.S. Department of Veterans Affairs Medical Center in Fayetteville, Ark.

For additional information on the Medicare EHR Incentive Program, see "Medicare offers EHR attestation worksheet" in this edition of *AOA News*. For additional information on the provider-based Kansas Health Information Network, see the September edition of *Optometry: Journal of the American Optometric Association.*

Web courses cover Medicare basics

Many health care practitioners need information on the basics of the Medicare system, the U.S. Center for Medicare & Medicaid Services (CMS) notes.

The Medicare Learning Network (MLN) now offers a series of Web-based training courses to teach health care professionals the fundamentals of the Medicare Program.

The first in the series, the World of Medicare, offers a basic introduction to Medicare.

The second, Your Office in the World of Medicare, focuses on Medicare knowledge required by health care professionals and their office personnel.

Both are designed to be offered as continuing education courses.

They can be accessed on the CMS Web site Medicare Learning Matters page (*www.cms.gov/MLNproducts*) by scrolling to the bottom of the page and selecting "Web based Training Modules" from the "Related Links Inside CMS" section.

NEHEP offers Hispanic eye care education materials, toolkit

Hispanic Heritage Month (Sept. 15 to Oct. 15) is a good time for eye care practitioners to launch an eye and vision care outreach effort for Hispanics/ Latinos, according to the National Eye Health Education Program (NEHEP). The NEHEP offers a variety of culturally and linguistically appropriate resources to help health care practitioners get started.

The Diabetes and Healthy Eyes Toolkit allows practitioners and community health workers to educate people with diabetes about protecting their sight. The toolkit includes:

- Diabetes and Healthy Eyes Flipchart to educate people in a small group setting.
- Diabetes and Healthy Eyes Module to assist community health workers in using a flipchart.
- Watch Out for Your Vision! The brochure is designed to educate people about eye disease and the importance of getting a dilated eye exam.
- Medicare Benefit Card to promote the glaucoma and diabetic eye disease benefit and eligibility, and a
- CD-ROM with toolkit materials.

Other NEHEP materials include Visión Saludable (Healthy Vision), a booklet that can be distributed by practitioners to help educate people about common eye diseases and conditions, myths and facts about the eyes, and the importance of comprehensive dilated eye exams. Visión Saludable and similar booklets can be downloaded free of charge on the NEHEP Catalog Web page (*http://catalog.nei.nih.gov*).

The NEHEP's Ojos Sanos (Healthy Eyes) Web page is designed to help people learn about their eyes and find tips for keeping them healthy, as well as find an eye care professional, financial assistance for eye care, and more. Practitioners may wish to post a link to the Ojos Sanos Web page (*www.nei.nih.gov/healthyeyes/spanish/eyehealthtips_sp.asp*) on their practice Web sites.

The Diabetes and Healthy Eyes Toolkit and other NEHEP materials can be accessed on the NEHEP Web site at *www.nei.nih.gov/nehep/programs/ojo/toolkit.asp*.

Conduct,

from page 12

profession of optometry and the society it serves. While the Code of Ethics of the American Optometric Association sets forth the basic tenets of ethical behavior for optometrists, the Standards of Professional Conduct is a more evolving document that amplifies the Code of Ethics and describes appropriate ethical and professional behaviors in greater detail. It is the intent of the American Optometric Association that the Code of Ethics and the Standards of Professional Conduct be written expressions of and a continuing commitment to professional and ethical behavior for all optometrists.

Discussions of biomedical ethics traditionally identify four categories or fundamental principles of ethical behavior: patient autonomy, non-maleficence, beneficence, and justice. These principles provide the underlying support for specific ethical behaviors within the health care professions. Each of the topic areas within the AOA Standards of Professional Conduct is arranged under one of these principles. While each topic area can be identified and justified under several if not all of the principles, they are arranged under what could be considered the most compelling principle for each. A fifth category, Non-patient Professional Relationships, is added to complete the content of the AOA Standards of Professional Conduct. It should be noted that these ethical documents and pronouncements are expressions of many but not all of the ethical ideals of the profession and are not necessarily expressions of legal obligations.

Ethics and the law are two different entities, although many times these may overlap. The law sets minimum standards for societal behavior that all persons must comply with. Ethics generally sets higher than minimum standards for behavior that people should strive for as the ideal.

-AOA Ethics and Value Committee

Finally, a multifocal contact lens that doesn't start with a compromise

By Victoria Dzurinko, OD, FAAO

The new generation of emerging presbyopes is no longer simply hoping for a way to read the newspaper again. These patients seek out the latest and greatest in technology, demonstrated by the fact that nearly half of smartphone users in the U.S. are over age 35, with nearly half of those between the ages of 35-44[1]. Shouldn't we be offering them "smart" technology when it comes to their contact lenses?

Up until quite recently, the mantra with soft multifocal contact lenses has been: If the first lens doesn't work, compromise—push plus in the non-dominant eye for near complaints and minus in the dominant eye for distance complaints. Eventually, we are left finding a balance for a modified-multifocal-monovision system. The "holy grail" of soft multifocals would be a lens that lets us solve distance complaints without causing issues at near, and vice versa.

How do we keep these demanding patients happy visually, while maintaining wearing comfort? In my practice, the go-to lens for the emerging presbyope is the AIR OPTIX® AQUA MULTIFOCAL contact lens in the LO ADD. The center-near aspheric design smoothly transitions from the near zone to the distance. Boasting TriComfort™ Technology, the AIR OPTIX® AQUA MULTIFOCAL lens is made of a breathable material that resists deposits and retains moisture, perfect for the presbyopic patient who, along with changing vision, also may be experiencing tear film compromise.

Follow the recipe for faster, more consistent success

The key to fitting the AIR OPTIX® AQUA MULTIFOCAL lens is to follow the fitting guidelines. This clinical tool was born out of the results of a study that involved evaluating over 1,600 patients[2]. While at first glance, the guidelines may seem like old-hat to seasoned fitters, there are some not-so-subtle differences that make careful adherence to the fitting steps vital to the success of this design. First, start with the maximum plus for the spherical power of the lens. This means pushing plus in your refraction and correcting for vertex, making sure that you always choose the more plus/less minus power initially for both eyes. Then choose your initial ADD based on the fitting guidelines. For the emerging presbyope (up to +1.25 add power), the fitting guidelines call for the LO ADD for each eye.

After allowing the lenses to settle for a few minutes, check binocular vision at distance and near. Often, as the result of the careful vertex determination, this first pair of lenses will be the one you end up prescribing. Now here is the best part of this lens from a fitting perspective: Whether the patient has a complaint at distance or at near with the first set of trial lenses, your next step is a ***distance over-refraction***, showing the patient ***additional plus power in each eye***. This is best done outside of your exam room where your patient can experience true distance viewing in a more natural setting.

The aspheric design of the lens allows for the acceptance of additional ***plus*** power at distance without compromising (and actually often improving) the distance vision. Because it is additional plus power making the improvement at distance, we simultaneously improve the near vision! No other soft simultaneous multifocal design can boast the same feature. Notice, as well, that it is unnecessary to determine the "dominant eye" at this point because you are placing the same ADD in each eye and pushing plus over each eye—another feature that allows for a faster fitting process.

A marriage of simplicity and technology

Studies continue to show that in "real world" settings, our patients prefer multifocal designs to traditional monovision[3,4]. The current generation of emerging presbyopes will continue to have diverse demands at near. They will actively seek out the technology to help them maintain comfortable and functional vision at all viewing distances for many years. The AIR OPTIX® AQUA MULTIFOCAL contact lens, with its consistent power profile and unique design, is the perfect fit for these challenging patients. The fitting guidelines, which accompany the fitting set, are more like a cookbook for streamlined success. With a lens in my arsenal that performs so predictably and fits so quickly, I no longer hesitate to offer multifocal contact lenses to emerging presbyopes as young as age 35, as I am confident this is a "smart" way to satisfy their visual needs.

Dr. Dzurinko practices in Pittsburgh, PA, and is also a Professional Development Consultant for CIBA VISION®.

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ODs urged to consider increasing use of e-prescribing, participation in PQRS program

By Roger Jordan, O.D., chair of the AOA Federal Relations Committee, and Gary Robbins, executive director of the Kansas Optometric Association and member of AOA Health Information Technology Subcommittee

Medicare has had an electronic-prescribing (e-Rx) incentive program for the last four years. During this period, the program has never required an optometrist to use electronic medical records.

Stand-alone vendors, such as Allscripts, can be used and successfully fulfill the incentive. The incentive has been 2 percent in previous years and is 1 percent in 2011. Overall, the payment is based on the total Medicare-allowed charges for professional services.

Using the most recent results from 2009, overall 1,559 optometrists earned a bonus for that year. This was the sixth highest among physician specialties. The Centers for Medicare & Medicaid Services (CMS) paid optometrists $1,973,493.78 for 2009. Ophthalmology had the third highest participation rate.

In 2010, a subsection in the proposed 2011 fee schedule dealt with e-prescribing. As we all know, optometrists are recognized as physicians in the Medicare program, but the CMS proposed only to penalize some physicians (MD/DO, podiatrists) for not participating in the program.

The AOA argued in its response that optometrists have prescribing privileges and should be held to comparable standards as other physicians under Medicare. Optometry already participates and gets payment for qualifying under the e-Rx incentive program.

The CMS limited the penalties to just MD/DO/DPM physicians because officials felt that other physicians (including optometrists) do not prescribe.

Congress authorized the e-Rx penalty beginning in 2012. Instead of recouping a penalty from physicians retroactively, the CMS looks at the first six months of the previous year to penalize the current year.

So the 2012 penalty is based on the time period of January through June 2011.

Using the most recent results from 2009, overall 1,559 optometrists earned a bonus for that year. This was the sixth highest among physician specialties.

The AOA argued against this in rulemaking, but the CMS did not listen.

The AOA did support the modification to the 2012 and 2013 e-Rx incentive program that would allow physicians to report G8853 (prescribing using e-prescribing) on any claim in connection with a service.

This provides more flexibility to various practice modalities in which physicians provide evaluation and management (E&M) services and other primary care services, but happen to write prescriptions only related to more procedure-focused encounters with patients.

Also at the request of the AOA, the CMS added an exception from the penalties for doctors who have the legal right to prescribe, but don't happen to write prescriptions as part of their patient care.

The CMS has proposed additional policies for the 2013 penalty, but those are not expected in final rule announcement until November 2011.

To further explain the program and penalties: Optometrists can and should participate in e-Rx, but are initially exempt from penalty.

The CMS stated that physician specialties other than MD/DO/DPM generally do not prescribe, yet optometry has prescriptive authority nationally to do topical and oral agents.

Below are the important changes coming:

- Optometrists are eligible for bonus payments. The remaining bonuses are:
- 2011 (paid in 2012 based on 2011 charges): report 25 eRX (G8553) to earn a 1 percent bonus payment.
- 2012 (paid in 2013 based on 2012 charges): proposed to report 25 e-Rx's (G8553) to earn 1 percent bonus payment.
- 2013 (paid 2014): 0.5 percent bonus payment available
- Optometrists are not yet subject to penalty adjustments, but that could change for 2013 and 2014.
- 2012 (affecting 2012 charges): 1 percent penalty not applicable to optometrists
- 2013 (affecting 2013 charges): 1.5 percent penalty might be applicable to optometrists who do not report 25 e-Rx's (G8553) during calendar year 2011 or do not report 10 eRX (G8553) in first six months of 2012 or do not meet one of the other exemptions from the e-Rx penalty.
- 2014 (affecting 2014 charges): 2 percent penalty that might be applicable to optometrists.

There is a process for physicians to opt-out under certain hardship situations. The new hardship rules will take effect Jan. 1, 2012. The deadline to apply for the hardship has been pushed back from Oct. 1 to Nov. 1, 2011.

Practitioners will be exempt if already participating in the electronic medical record incentive program, cannot e-prescribe due to state or local rules, prescribe very infrequently, provider services are not included in the program, practice in a rural area without access to high-speed Internet or in an area without sufficient pharmacies available to e-prescribe.

Remember optometry is not affected or required to do anything regarding this ruling yet.

When optometrists register and attest to meaningful use with their certified electronic records, they are unable to accept incentive payments from both the e-Rx and meaningful use incentive programs.

Because e-prescribing is one of the core requirements in meaningful use, the CMS will not make payments for both, just meaningful use, unless the e-Rx payment would be higher (in 2011, this could happen for doctors who are paid more than $2 million by Medicare alone).

Regarding meaningful use, optometrists must demonstrate "meaningful use" to earn the bonus in any given year.

Stage 1 meaningful use applies to 2011 and 2012. One may demonstrate meaningful use over the course of 90 days in the first year, but must show meaningful use for the entire year for bonus-

see e-Rx, page 18

Surescripts gears for e-Rx of controlled substances

Surescripts, the nation's largest e-prescribing network, announced Sept. 12 that it now supports electronic prescribing of controlled substances (EPCS). The company also announced "limited deployment" of its controlled substance e-prescribing capability by certified pharmacies and prescriber software vendors.

"In addition to its deployment of the network upgrade, the company has begun its initial certification of prescriber software vendors and pharmacy applications for EPCS. Certified vendors and pharmacies have, in turn, begun the initial deployment of EPCS in the United States. The deployment involves a select number of certified and audited vendors and their users located in states where EPCS is legal," Sursecripts officials said in a prepared statement.

"The announcement represents an important step in the industry-wide collaboration between pharmacies, technology vendors, pharmacy benefit managers, Surescripts, and other networks to plan and implement support for U.S. Drug Enforcement Administration and state pharmacy board rules," the statement continued.

The development is potentially important to optometrists who can prescribe controlled substances, with proper U.S. Drug Enforcement Agency (DEA) certification, in all but six states and the District of Columbia, the AOA Health Information Technology Subcommittee notes.

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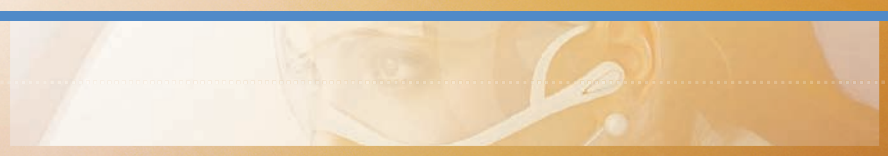

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e-Rx,

from page 16

es in subsequent years. One may not overlap 2011 and 2012.

The Stage 2 has not been proposed by the CMS. We believe the proposal for 2013 and beyond will come out in January 2013.

PQRS

The 2006 Tax Relief and Health Care Act required the establishment of a physician quality reporting system, including an incentive payment for eligible professionals who satisfactorily report data on quality measures for covered professional services to Medicare beneficiaries.

The program initially called the Physician Quality Reporting Initiative (PQRI) started in 2007, but was renamed in 2011 to the Physician Quality Reporting System (PQRS).

The Secretary for the U.S. Department of Health & Human Services is required to post on the CMS Web site, in easily understandable format, a list of names of eligible professionals (or group practices) who satisfactorily submitted data on quality measures for the PQRS.

The evidence-based measures are developed by clinicians and must be endorsed by the national consensus group known as the National Quality Forum (NQF), which includes the AOA.

The measures specifications may be different from prior years so professionals need to ensure that they are using the Physician Quality Reporting documents for the correct program year.

Visiting the CMS Web site can ensure that an optometrist is using the correct measures for the year. The measures are updated at the beginning of each program year.

Individual eligible professionals do not need to sign up or pre-register in order to participate in the PQRS.

In order to qualify for the incentive payment, an eligible professional must meet the criteria for satisfactory reporting specified by the CMS for a particular reporting period.

Professionals should select at least three applicable measures to submit to attempt to qualify for the incentive payment.

If fewer than three measures are reported, the CMS will apply a measure-applicability validation (MAV) process when determining incentive eligibility.

Each measure has a QDC (a CPT II code or G-code) associated with it.

Also, there is a reporting frequency or timeframe requirement (called a measure tag) for each eligible patient seen during the reporting period.

The individual eligible professional who meets the criteria for satisfactory submission of PQRS quality measures data for services furnished during a reporting period will qualify for an incentive payment equal to 1 percent in 2011 of their total estimated Medicare Part B allowed charges for covered professional services (including deductible and coinsurance) furnished during the same reporting period.

The PQRS incentive payment program will become a penalty program in 2015, and penalties may apply to physicians who are not successfully participating in PQRS as soon as 2013.

The hope is that PQRS will result in improved patient care. We anticipate that the CMS will move to a true "pay for performance" system in the future.

As with eRx, about 2,000 optometrists earned approximately $2 million from PQRS in 2009.

The deadline to apply for an EHR hardship exemption is now Nov. 1, 2011.

AOA members with questions should contact the AOA Washington office at 800-365-2219 or at *Impact WashingtonDC@aoa.org*.

Eye-Q,

from page 1

safe handling of contacts is one of the most important measures wearers can take to protect their sight."

Gen Y respondents also came out on top for appropriately storing their lenses, with nearly half (49 percent) reporting they replace their contact lens case every one to three months as directed. Baby boomers, however, have room for improvement with only 28 percent saying they replace their case every one to three months.

Americans of all ages have a lot to learn about cleaning their contact lenses, with nearly a fifth of generation X (19 percent) and Y (22 percent) making the mistake of soaking or cleaning contact lenses with water, compared to just 8 percent of baby boomers. Across the generational board, nearly one-third of respondents reported using rewetting drops to clean or disinfect their lenses.

Doctors of optometry remind patients about the importance of cleaning and rinsing lenses daily to remove mucus, secretions, films or deposits that may have accumulated during wearing, while disinfecting is required to destroy harmful germs. Water and rewetting drops do not disinfect lenses; in fact, water can actually contaminate contacts.

Technology

Americans of all ages are using technology more than ever for entertainment, work and general communication, and the toll these technologies are taking on the eyes is apparent according to the American Eye-Q® survey.

More than half of all respondents report experiencing eye strain or vision problems as a result of using technology. Gen Y-ers report seeing the greatest impact, with more than two-thirds (68 percent) reporting technology-related eye or vision problems.

The AOA has identified this condition as computer vision syndrome (CVS), which leaves consumers vulnerable to problems like dry eye, eyestrain, neck and/or backache, light sensitivity and fatigue.

To help alleviate CVS symptoms, the AOA recommends practicing the 20-20-20 rule – every 20 minutes, take a 20 second break and look at something 20 feet away. According to the survey, Gen Y is the worst about taking visual breaks. The majority of Gen Y respondents take a visual break every few hours, instead of every 20 minutes as recommended. Americans can certainly be more diligent about changing their habits to improve problems such as eye strain, but optometrists can also offer help in the form of prescribing special computer glasses to minimize the symptoms of CVS. Respondents from generation Y (24 percent) report visiting their eye doctor to discuss eye strain from use of technology compared to only 17 percent of baby boomers.

Additional findings

Generations X (53 percent) and Y (60 percent) are nearly twice as likely to consider eyeglasses a fashion accessory compared to the traditionalists (20 percent) and boomers (29 percent).

Generations X (45 percent) and Y (39 percent) are slightly more likely than traditionalists (30 percent) and boomers (35 percent) to suffer from seasonal eye allergies.

According to the survey, the four most common reported symptoms associated with allergies are itchy eyes, watery eyes, dry eye and red/irritated eyes.

When it comes to knowledge about the visual effects from diseases such as diabetes and glaucoma, the traditionalists and baby boomers were slightly more informed than generations X and Y. According to the survey, baby boomers (39 percent) and traditionalists (42 percent) have greater awareness that glaucoma can develop without early warning signs compared to 22 percent of generations X and Y. Likewise, baby boomers (47 percent) and traditionalists (58 percent) are more likely to correctly identify the absence of early warning signs or symptoms associated with diabetic eye disease compared to generation X (38 percent) and generation Y (43 percent).

Young women are making the mistake of sharing cosmetics, which can easily spread bacteria that can lead to an eye infection. According to the American Eye-Q® survey, Gen Y females (30 percent) are the most likely to share eye makeup with someone else.

Gen X-ers (51 percent) are the group most likely to choose a pair of sunglasses based on the level of UV protection over other factors including cost or brand. They also tend to spend the most on sunglasses over other age groups.

Comprehensive eye exams

Yearly eye and vision examinations are an important part of preventive health care as many eye and vision problems have no obvious signs or symptoms. Early diagnosis and treatment of eye and vision problems are important for maintaining good vision and eye health, and when possible, preventing vision loss.

"Regardless of age, a yearly eye exam is imperative to maintaining overall health," said Dr. Geist. "Many people are unaware that comprehensive eye exams can also help detect disease elsewhere including diabetes, hypertension, cardiovascular disease, cancer and multiple sclerosis."

Even though there are generational differences in eye and vision health and awareness, the majority of respondents report seeing an eye doctor within the last year.

Carlson takes 20/20 school tour on road again

With optometry students back in school for the fall semester, AOA President Dori Carlson, O.D., resumed her 20/20 Tour of 20 student visits in 20 months.

Her first stop of the school year was the Michigan College of Optometry (MCO) on Sept. 13.

One hundred students attended the annual Michigan Optometric Association (MOA)/MCO Student Night. Dr. Carlson presented and answered questions from students, faculty and the MOA Board. She also attended the faculty breakfast with 30 faculty members along with MOA board members.

Dr. Carlson updated her blog, *www.dori20-20tour.org*, with the following: "Last week I had a unique school visit experience. I had just about every first- through third-year student at Michigan College of Optometry AND several faculty AND the entire Michigan Optometric Association board at my

Truthfully that's my favorite part – the questions I get afterward. And guess what – there were students from North Dakota too!"

'Lessons for Optometry' session. I estimate there were about 150 people in the room that evening. As a result I was able to incorporate some comments for faculty and board members in to my talk. Loved the questions I got as well. Truthfully that's my favorite part – the questions I get afterward. And guess what – there were students from North Dakota too!"

Dr. Carlson's next stop was the Southern College of Optometry (SCO) on Sept. 21.

Nearly 170 students attended the presentation followed by a question and answer session. She also met with 40 faculty at a luncheon and connected with a group of SCO student leaders.

Two days later, Dr. Carlson headed to the Pennsylvania College of Optometry at Salus University.

She attended another faculty luncheon and gave a presentation to 175 students followed by questions and answers. The Pennsylvania Optometric Association (POA) board also attended.

Dr. Carlson addressed the students about current legislative issues affecting Pennsylvania. Students planned to talk to their senators along with the POA board later that month.

Dr. Carlson's upcoming visits include the New England College of Optometry on Oct. 11 and, in January 2012, the University of Houston, College of Optometry; Indiana University, School of Optometry; and Rosenberg College of Optometry at University of Incarnate Word.

AOA President Dori Carlson, O.D., chats with Qian Yang, first-year student at the Pennsylvania College of Optometry at Salus University, during her 20/20 Tour visit to the college Sept. 23. Qian had her own copy of *Women In Optometry* featuring Dr. Carlson on the cover in hand. Dr. Carlson blogs about her experiences on the tour at *www.dori20-20tour.org*.

Christian Casanova, Ph.D.

Montreal optometry school names Casanova as incoming director

Christian Casanova, Ph.D., was announced to succeeded the outgoing Jacques Gresset in the directorship of the School of Optometry at the University of Montreal (U of M). The term of office is for four years.

Dr. Casanova is a professor at the School of Optometry and an associate professor in the Faculty of Medicine, University of Sherbrooke.

Since 2004, he has headed the Research Group in Vision Science at U of M and served as associate director for Research and Graduate Studies at the School of Optometry. He played a decisive role, in cooperation with the Department of Ophthalmology, in creating the first Ph.D. program in Vision Science in the francophone world.

As deputy director (advertising, communication and promotion) of the FRSQ (*Fonds de la recherche en santé du Québec*) Vision Research Network, Dr. Casanova is also a member of several international research associations, including the Vision Sciences Society, the American Academy of Optometry, and the Society for Neuroscience.

Dr. Casanova combines solid research experience and proven skills in academic management, said Rector Guy Breton. "An excellent communicator and team player, he combines good listening skills with the ability to take action. I am confident that with all of our faculty members at the school, he will be able to adapt our programs to the new realities of optometry in North America, ensuring the development of the clinic, the advancement of the school along the lines of basic and applied research, and the promotion, beyond our walls, of a profession that is currently evolving in Quebec," he said.

Breton also expressed his appreciation to the outgoing director, Jacques Gresset. "The academic optometry community in Quebec, which celebrated its 100th anniversary last year, was privileged to have the informed, dynamic contribution of Jacques Gresset. During his two terms, Jacques has done much to develop programs in rehabilitation and visual impairment and was able to provide the school with the impetus that pushed it forward in the research domain and allowed it to gain international recognition. I thank him very sincerely on behalf of the university community," he said.

AOA produces 3-D resources to help members

Materials that help you communicate the importance of comprehensive eye care – using interest in 3-D viewing as a "hook" – are now available from the AOA for sharing with your patients, your community and your staff.

In collaboration with educators, vision researchers and specialist advisors from across the 3-D industry, the AOA has released a comprehensive report for teachers, students and parents that describes and explains the optimal uses of 3-D in the classroom, including how 3-D approaches to learning serve as a fulcrum for enhanced teaching and improved assurance of school readiness.

The 34-page full-color public health report, "3-D in the Classroom: See Well, Learn Well," is available for AOA members to download at no cost from *www.aoa.org/3D*.

In addition, the AOA has printed 10,000 copies for distribution to school district administrators, educators and ODs.

Research has shown that 3-D programming in the classroom can improve learning and retention. However, there is a widespread belief that viewing 3-D is harmful for children's vision.

In fact, according to the AOA 2011 American Eye-Q® survey, 53 percent of respondents with children 18 or younger believe 3-D viewing is harmful to a child's vision or eyes and 29 percent of parents feel very concerned that their child may damage their eyes due to prolonged use of computers or hand-held electronic devices.

Produced in collaboration with industry leaders DLP®, the booklet not only dispels that mistaken notion, but provides background on the history of 3-D entertainment, explains how the visual system perceives 3-D and offers advice on how to best view 3-D, from getting a comprehensive vision examination to proper seating and lighting conditions.

In an introduction to the report, AOA President Dori Carlson, O.D., notes that the recent emergence of innovative 3-D presentation technologies and 3-D content in movie theaters, in the home, in video games and now in the classroom, perhaps surprisingly, provides a unique public health opportunity.

The ability to perceive depth in a 3-D presentation turns out to be a highly sensitive test of a range of vision health indicators.

One key message from the AOA: 3-D viewing is a much more sensitive test of visual ability than the Snellen chart because it requires that both eyes function in a coordinated manner, as they converge, focus and track the 3-D image.

"If an individual experiences any of the 'three Ds of 3-D' – discomfort, dizziness and lack of depth perception – these signals can serve as an early indicator of some measure of vision impairment," Dr. Carlson notes. "The good news is that, once identified, these conditions generally respond well to treatment."

This is particularly true while the vision system is developing during childhood.

The report contains practical notes for teachers on the viewing of 3-D in the classroom and detailed information on how best to use their observations to advance both learning and vision and eye health.

References are included for further exploration of this fascinating and important topic.

The booklet is part of a collection of materials available to ODs through the AOA order department (*www.aoa.org/onlinestore*).

The $25 3-D Starter Kit includes (a $38 value):

- 3D in the Classroom: See Well, Learn Well public health report
- 3-D patient education brochure on 3D (package of 25)
- "The Three D's of 3-D Viewing" tear sheets (part of AOA's Vision and Learning Series for patients)
- Booklet-style copies of the relevant Optometric Clinical Practice Quick Reference Guidelines

To learn more, go to *www.aoa.org/3D*.

In this new section, you will find:

- OD and Paraoptometric Education Materials
- Quick Reference Guides (downloadable)
- 3D in the Classroom: See Well, Learn Well public health report (downloadable)
- Videos suitable for sharing with your patient
- AOA Press Materials

For comments or questions, e-mail *3deyehealth@aoa.org* or visit AOA's site for public education on 3-D vision at *www.3deyehealth.org*.

Excerpts from the "3D in the Classroom" report.

2012 ICD-9 will include new codes for reporting glaucoma

New codes, new coding requirements will make coding more specific

Glaucoma coding will be quite different when completing claims for Medicare patients starting Oct. 1 and for all other insurers beginning Jan. 1, 2012.

The International Classification of Diseases, Ninth Revision (ICD-9) is the classification used to code and classify diseases.

For what is currently defined 365.0 in the ICD-9 codes, Borderline Glaucoma, new codes have been designated (365.01, 365.02, 365.05).

All existing glaucoma diagnosis codes (365.10-365.65) will now need to be reported in combination with new codes (365.70-365.74) to provide information regarding the stage of the disease.

The final addendum providing complete information on changes to the diagnosis part of ICD-9-CM is posted on CDC's Web page at: *www.cdc.gov/nchs/icd9.htm*.

The National Center for Health Statistics and the Centers for Medicare & Medicaid Services are the U.S. governmental agencies responsible for overseeing all changes and modifications to the ICD-9.

The AOA provides a summary of the changes in the box. (*Note: bold italics indicate new codes.*)

Coding BEFORE changes become effective	**Coding AFTER changes become effective**
365.0 Borderline glaucoma [glaucoma suspect]	***365.01 Open angle with borderline findings, low risk*** or… ***365.02 Anatomical narrow angle, primary angle-closure suspect,*** or ***365.05 Open angle with borderline findings, high risk*** ***All other glaucoma diagnosis codes must be reported with one of the new codes, 365.70-365.74***
365.10 Open-angle glaucoma, unspecified,	365.10 Open-angle glaucoma, unspecified***
365.11 Primary open-angle glaucoma	365.11 Primary open-angle glaucoma***
365.12 Low-tension glaucoma	365.12 Low-tension glaucoma***
365.13 Pigmentary glaucoma	365.13 Pigmentary glaucoma***
365.20 Primary angle-closure glaucoma, unspecified	365.20 Primary angle-closure glaucoma, unspecified***
365.22 Acute angle-closure glaucoma attack/crisis***	365.22 Acute angle-closure glaucoma attack/crisis
365.23 Chronic primary angle-closure glaucoma	365.23 Chronic primary angle-closure glaucoma***
365.31 Corticosteroid-induced glaucoma, glaucomatous stage	365.31 Corticosteroid-induced glaucoma, glaucomatous stage***
365.52 Pseudoexfoliation glaucoma	365.52 Pseudoexfoliation glaucoma***
365.62 Glaucoma associated with ocular inflammations	365.62 Glaucoma associated with ocular inflammations***
365.63 Glaucoma associated with vascular disorders	365.63 Glaucoma associated with vascular disorders***
365.65 Glaucoma associated with ocular trauma	365.65 Glaucoma associated with ocular trauma***

***Must report with one of the following new codes: 365.70 Glaucoma stage, unspecified, glaucoma stage NOS;365.71 Mild-stage glaucoma, early-stage glaucoma; 365.72 Moderate-stage glaucoma; 365.73 Severe/Advanced/Endstage glaucoma; 365.74, or Indeterminate-stage glaucoma

APHA reception to honor Mel Shipp as president

The American Public Health Association (APHA) Vision Care Section will honor APHA President-Elect Melvin D. Shipp, O.D., Dr.P.H., MPH, with a special Dessert Reception and Champagne Toast on Oct. 31 during the association's 139th Annual Meeting & Exposition in Washington, D.C.

Dr. Shipp, dean of The Ohio State University College of Optometry and a longtime, active AOA member, is the first optometrist ever elected to lead the world's oldest, largest, and most diverse organization of public health professionals.

The APHA annual meeting, Oct. 29 – Nov. 2, is expected to attract more than 13,000 physicians, administrators, nurses, educators, researchers, epidemiologists, and related health specialists from around the world, according to Renée Mika, O.D., chair of the APHA Vision Care Section.

"The Vision Care Section is proud to honor our very own Dr. Mel Shipp, APHA president-elect, as he prepares to take the helm. We are thrilled to have this opportunity to recognize his significant contributions to our profession and to the greater public health community. We are all looking forward to celebrating this tremendous accomplishment and to supporting his presidency throughout the coming year," Dr. Mika said.

Dr. Mika urged all optometrists in the Washington, D.C., area to attend the reception and congratulate Dr. Shipp.

The reception is scheduled for Monday, Oct. 31, 2011, 9 p.m. to 11 p.m. in the Grand Hyatt Washington Hotel's Constitution Ballroom A. The champagne toast is set for 9:30 p.m.

The reception is generously sponsored by Johnson & Johnson Vision Care.

Admission to the reception is free. However, attendees who are not registered for the APHA meeting must RSVP for the reception in advance and receive a letter of invitation from the APHA Vision Care Section to gain admission.

To RSVP for the reception, contact the section at *apha.vcs@gmail.com*.

For information on the APHA Vision Care Section, see the section's Web page at *www.apha.org/membergroups/sections/aphasections/vision* or contact Dr. Mika at *reneemika@ymail.com*.

For additional information on the APHA Annual Meeting, visit *www.apha.org/meetings/AnnualMeeting*.

New Medicare ABN required Jan. 1

The U.S. Centers for Medicare & Medicaid Services (CMS) is delaying required use of its revised Advance Beneficiary Notice of Noncoverage (ABN) form (CMS-R-131) until Jan. 1, 2012.

Health care practitioners can continue to use older versions of the ABN form – the ABN-G (Form CMS-R-131G), ABN-L (Form CMS-R-131L), and NEMB (Form CMS-20007) – until that time.

The CMS had planned to require use of the new ABN form on Oct. 1, 2011.

For additional information, see the "Fee for Service (FFS)" section on the CMS Beneficiary Notice Initiative Web page (*www.cms.gov/NBI*).

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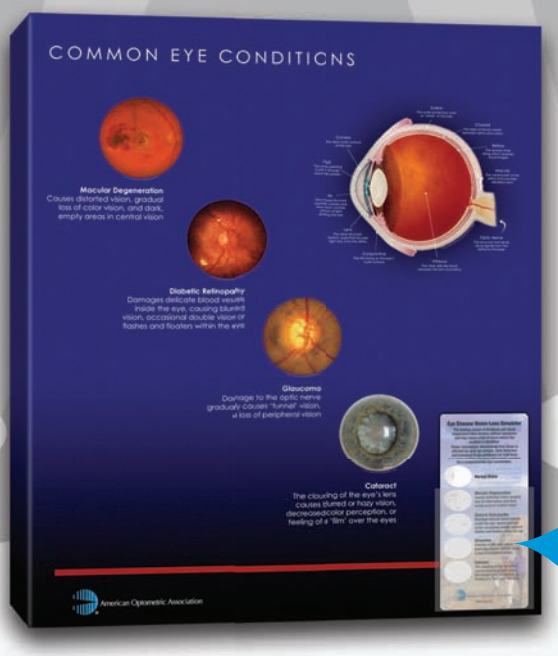
Common Eye Conditions



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NG-K

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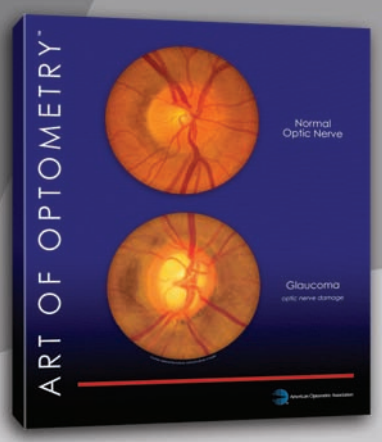
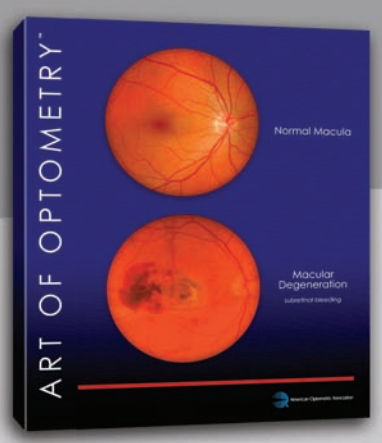
- 50 Nutrition Guide Booklets with Literature Holder
- Member Price, only $149 *plus shipping*

The Art of Optometry

Member Price, only $89 each *plus shipping*

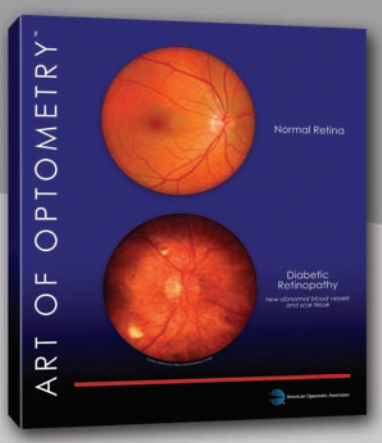


GP-5 *Glaucoma*

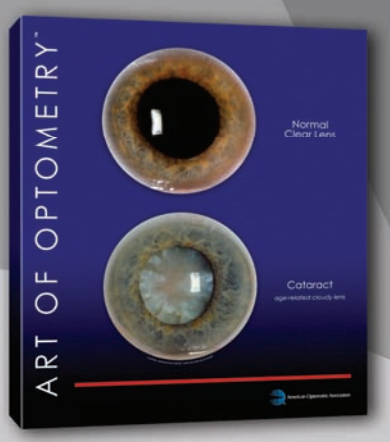


GP-6 *Macular Degeneration*

GP-9 *The Human Eye*



GP-7 *Diabetic Retinopathy*



GP-8 *Cataract*

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EyeLearn™ course spotlight

Course offers ways ODs can play bigger role in fighting cancer, hypertension, stroke, diabetes

The American health care system is placing new emphasis on the prevention and early detection of disease. And that, in turn, is placing increased responsibility on optometrists, according to Blair Lonsberry, O.D., a professor at the Pacific University College of Optometry in Forest Grove, Ore., and the clinic director for the college's Portland Vision Center.

Like other health professionals, optometrists are expected to be vigilant in diagnosing systemic conditions such as diabetes, heart disease, and stroke. They are also being called on to more actively counsel patients on factors such as obesity, smoking and sedentary lifestyle that can affect both their eyesight and overall health.

Moreover, under programs such as Medicare's Physician Quality Report System (PQRS) and Electronic Health Records (EHR) Incentive Program, optometrists are now financially rewarded for helping to maintain their patients' systemic health. In the not-too-distant future, they will be penalized if they do not.

However, many optometrists still have questions about how to efficiently incorporate diagnosis and counseling on systemic conditions into daily practice, Dr. Lonsberry acknowledges.

The Systemic Health Board Certification Review Course, recently introduced on the AOA's EyeLearn™ continuing education Web portal, is intended to help, Dr. Lonsberry said.

While designed in large part to assist optometrists who are preparing to seek American Board of Optometry certification, the course also offers an outline for the diagnosis of a range of systemic conditions during an eye examination as well as suggestions for the appropriate counseling of patients with such conditions.

The five-part, interactive, online course begins with an overview of optometry's place in public health – with special emphasis on the nation's top public health concern, diabetes.

A second module emphasizes optometry's role in addressing heart disease, stroke, and other chronic diseases. It also outlines counseling on the common causes of systemic illness such as obesity and smoking. It even suggests ways optometrists can introduce older patients to the concept of "healthy aging," Dr. Lonsberry said.

The roles and responsibilities of other health care providers, ancillary health professionals, and specialists are outlined in a third module.

"We do not practice in isolation," Dr. Lonsberry emphasizes. "Optometrists are increasingly called on to act as part of a comprehensive health care team. We must be prepared to work with endocrinologists, rheumatologists, and a range of other health care providers."

An entire module is devoted to hypertension, as Dr. Lonsberry believes optometrists have an important role to play in spotting the condition and counseling patients on its implications. Almost a third of Americans with hypertension are unaware of the condition, and 40 percent not receiving adequate treatment, he notes.

A final module reviews "eyelid lumps and bumps," Dr. Lonsberry said. The eyelid region is highly susceptible to cancer, accounting for five to 10 percent of all skin cancer cases. However, many optometrists feel uncomfortable counseling patients on what, for many, is still an emotionally charged diagnosis, Dr. Lonsberry notes.

Many optometrists still have questions about how to efficiently incorporate diagnosis and counseling on systemic conditions into daily practice.

The EyeLearn™ course suggests ways to concisely but compassionately inform patients of benign or malignant lesions.

"With incidence of eyelid cancer increasing, optometrists clearly have an important role to play in dealing with one of the nation's most important health problems," Dr. Lonsberry said.

The EyeLearn™ Systemic Health Board Certification Review Course units range in length from 9 to 25 minutes. Practitioners can take the entire course in around 87 minutes.

As with all EyeLearn™ courses, the interactive learning modules allow practitioners to log on and access the learning materials whenever they are ready. The electronic format allows them to pause at any point and return to the course later. They can immediately repeat a unit if they do not adequately understand the material covered.

Each unit comes with one or more self-assessment quizzes that appear periodically. Course handouts are provided on the Web site. Course takers can even follow the speaker word-for-word using course transcripts that are also provided on the site.

In addition to interactive learning modules, practitioners can easily access supplemental resources such as AOA Optometric Clinical Practice Guidelines and articles from *Optometry: Journal of the American Optometric Association* as well as a range of prerecorded audio or video lectures.

A CE Finder feature allows optometrists to find appropriate classroom continuing education programs on systemic health conditions and related subjects, offered by state optometric associations, regional optometric organizations, and the AOA.

The EyeLearn™ Systemic Disease Board Review Course has been rated "Excellent" by AOA members who have taken the course.

EyeLearn™ is an exclusive AOA member benefit. AOA members can take courses and access materials free of charge. The optometric education portal can be accessed at *www.aoa.org/eyelearn*.

ONC launches new HealthIT.gov site

The Office of the National Coordinator for Health Information Technology (ONC) last month announced the launch of its new Web site *HealthIT.gov*.

The Web site is designed to become the leading national resource on health information technology (health IT) for both consumers and health care professionals, according to the ONC.

For health care practitioners, the Web site offers information on

- The impact of electronic health records (EHR) on a practice
- How to transition to EHRs
- EHR implementation support
- Government financial incentives, and
- Resources for the selection of an EHR system

The Web site may also be useful in explaining the value of EHRs to patients, the agency says.

"Whether you are a parent who is wondering how an electronic health record (EHR) will affect her family's privacy or a provider who is overwhelmed by the idea of transitioning to EHRs, HealthIT.gov has the resources to help answer your questions," OVC officials said in a prepared statement announcing the Web site.

The Health IT Web site can be accessed from the AOA Web site EHR page (*www.aoa.org/ehr*).

AOA Quality Improvement Committee to evaluate eye care registry

The AOA Quality Improvement Committee is evaluating the use of a new eye care registry that would be utilized by optometrists for participation in Medicare's new value-based purchasing program.

Pay for performance (P4P) is part of the health care reform coming out of Washington, D.C. In today's lexicon, P4P is known as value-based purchasing (VBP), which has been part of congressional legislation well before the Affordable Care Act (ACA) of 2010.

VBP for physician services was introduced in congressional legislation in 2005 and now is the framework for Medicare payment reform that optometrists and other physicians will need to understand.

The 2010 Affordable Care Act established a number of VBP programs that were required by the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008.

If Congress or individual states overturn the Affordable Care Act, the requirements of MIPPA still require Medicare to transition into a VBP program.

In 2008, the Centers for Medicare & Medicaid Services (CMS) provided a comprehensive plan for how Medicare would be transitioned from a fee-for-service program into a VBP program.

Within the plan, the CMS outlined its goals, objectives, incentives and transparency. The hallmark of the VBP plan is to measure quality and reward for that quality. That can only be done by measuring clinical outcomes.

The hallmark of the VBP plan is to measure quality and reward for that quality. That can only be done by measuring clinical outcomes.

Clinical outcomes are measured and then shared via a database known as a "registry." A registry can contain information about clinical conditions, clinical management and clinical outcomes.

For example, the National Cancer Institute uses its registry to provide information on cancer to help reduce the burden of the disease on the U.S. population.

In eye care, there is a registry that monitors ocular trauma for veterans in combat. The goal of the registry is to measure injuries, response times and management to improve outcomes for wounded soldiers.

The use of registries in health care is picking up steam. In the Physician Quality Reporting System (PQRS), there are two ways to report quality codes to Medicare: claims-based (which most ODs use) or registry-based (for those who have integrated their electronic health record software with a qualified registry).

The CMS admits that registry-based reporting leads to higher incentive payments to physicians, and the CMS favors the option of registry-reporting over claims-based reporting.

Although final rules are not expected until 2012, the ACA established a "payment modifier" that will provide differential payment to physicians based on quality of care. It is expected that a registry will be one of the tools used to document the quality of care that enhances physician's ability to benefit from the payment modifier.

Moving forward, health care registries will play a larger role in patient care. From VBP to PQRS, clinical registries have many applications for optometrists, and the AOA will continue to work on behalf of its members to keep them up to date and eligible to participate.

Look for more updates from the AOA Quality Improvement Committee in the coming months.

Timeline of quality performance in health care legislation

2005: Value-Based Purchasing (VBP) first introduced in congressional legislation

2008: Medicare Improvements for Patients and Providers Act (MIPPA) requires the Secretary of Health & Human Services (HHS) to develop a plan to transition Medicare to a VBP program for professional services that is based on efficiency and quality (deadline of May 2010)

2010: Affordable Care Act directs the establishment of a number of VBP programs and payment initiatives (includes the HHS plan to transition Medicare into VBP program)

2010: Affordable Care Act requires the HHS to establish a payment modifier that provides differential payment to physicians under the physician fee schedule based on quality of care

2012: HHS required to publish rules regarding the quality payment modifier

2015: Quality payment modifier to begin for select physicians

2017: Quality payment modifier to begin for all physicians

AOA Order Dept. features See Better, Play Better prints

"See Better, Play Better" is the theme of the latest series of AOA Brand Promise four-color art prints to be offered by the AOA Order Department.

Suitable for display in optometric practices and other settings, the seven new 20" by 24" canvas prints – designed to remind patients of the importance of vision in sports performance – depict scenes of baseball, golf, soccer, and hockey.

The Brand Promise series now offers a total of 40 high-quality art prints with themes ranging from children's vision to eye care for older adults.

All prints come ready to hang with hardware included and no framing required.

Prints are $89 for AOA members and $133.50 for non-AOA members (plus shipping and tax where applicable).

Prints can be viewed on the AOA Brand Promise Web site (*www.aoabrandpromise.com*).

To order call the AOA Order Department at 800-262-2210 or log onto *www.aoa.org/onlinestore*.

Optometry Cares® celebrates October's National Archives Month

The Archives & Museum of Optometry is a repository of information and resources related to the history of the AOA and the profession of optometry.

It preserves historical records, publications, and artifacts that help to document and interpret the development of the profession.

Resources are regularly used to answer questions and assist staff and volunteers of the AOA, practicing ODs and optometric groups, and the public at large.

It collects objects of enduring value that can help to illustrate the purpose and history of optometry.

Letters, photographs, publications, instruments, eyeglasses, memorabilia, and much more provide a vital link to optometry's collective past and raise awareness of the contributions made by those who came before.

Your history is our history. Preserving and maintaining these heritage resources for future generations is our privilege and a key mission of Optometry Cares®—The AOA Foundation.

Donors play an important role, and your support is critical to the future development of the Archives & Museum.

With your help and financial support, we can more effectively tell the story of your profession and the people who are optometry.

Celebrate your history during Archives Month:

❖ Check out the Archives & Museum Web site and visit regularly at *www.aoa.org/x11718.xml*. (There's a link on AOA's main page.) Watch for additions. Historical timelines are here!

❖ Study the list of "What We Collect" and be on the look out for materials that should be rescued. Encourage fellow ODs and optometric groups to think historically and consider offering significant materials to the archives and museum.

❖ Volunteer to help us identify unknown photographs.

❖ Become active in the Optometric Historical Society. Connect with your past and learn more about people and events in optometry's history at *www.opt.indiana.edu/ohs/optohiso.html*.

Preserving your Past – Sharing Your Story! The Archives & Museum of Optometry, part of Optometry Cares®—The AOA Foundation.

Missing: April 1987 issue of AOA News

This is a plea to all AOA members to look for a missing issue of the *AOA News*. The Archives is in need of an original copy of the April 1, 1987, issue (vol. 25, no. 29). Our collection is complete except for that one missing issue. Surely there are some savers and pack-rats out there who might still have this newspaper and would be willing to donate it. It's a valuable part of AOA and optometric history, and the Archives would love to get an original for the collection. Contact Linda at *ljdraper@aoa.org*, or send to The Archives & Museum of Optometry, 243 N. Lindbergh Blvd., St. Louis, MO 63141.

VIP battery

Being AOA President isn't all work. Past AOA Presidents Richard Hopping, O.D., DOS, (1971-72) and Jimmy Tumblin, O.D., (1972-73) enjoyed the perk of serving as pitcher and catcher during pre-game ceremonies honoring the AOA's 75th anniversary. They are shown here with St. Louis Cardinals catcher Jerry McNertney before taking the field at Busch Stadium in June 1972.

Images are from the collection of The Archives & Museum of Optometry, Optometry Cares® - The AOA Foundation.

New ways to connect with AOA...

www.facebook.com/american.optometric.association

www.twitter.com/aoanews

www.youtube.com/aoaweb

Are You Connected?

Join the conversation, or start one up at AOAConnect!

A members-only perk, AOAConnect is a place where you can contribute to the profession on your own time and own terms.

Get started at http://*connect.aoa.org*.

Use all channels to market a practice

By Jeffrey W. Jones, O.D., AOA Practice Advancement Committee

One of the biggest difficulties facing optometric offices today is the ability to attract and keep new and existing patients. The means to keep the appointment schedule full on a day-to-day basis is a daunting task to new and established practice alike.

But what do you do when you don't have a large marketing budget, and your only strategy for growing your practice awareness is through the Yellow Pages? The answer seems to be that you have to be imaginative and explore both traditional and new marketing strategies in an effort to make an emotional connection to potential patients, without waiting for patients to find your name in the insurance provider list. Marketing projects will require time and energy with constant attention and fine tuning, but the rewards will be immense.

Traditional marketing, advertising campaigns, Yellow Pages, newspaper and TV, and direct mail were at one time staples in any optometric practices' marketing strategy. However, these are relatively expensive and are losing market share and credibility as a tool to connect to patients.

Professional ad agencies are good resources to guide you through the maze of available concepts and advise you on return on investment.

Partner with industry – frame, drug, contact lens and technology representatives are good resources to help you develop events in your office, such as trunk shows or informational seminars. These events can be relatively inexpensive and are a novel way to generate interest in new technology or excitement in new fashion collections.

Local projects – commu-

See Marketing, page 35

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'Ask the Codeheads'

Information, resources, and information: No help unless you access them

Edited by Chuck Brownlow, O.D., Medical Records consultant

For my first 10 years in practice, I conducted all my patients' fundus evaluations without the aid of mydriatics or cycloplegics. During that same period, I used instruments that didn't require topical anesthetics for measuring intraocular pressures.

At that time, the vast majority of my colleagues and I were practicing at a distinct disadvantage to ophthalmologists, who of course had the diagnostic pharmaceuticals available to them every day.

In spite of that, we were held to the same standards by our patients, by other health care providers, by our state statutes and by the courts to provide excellent eye care to every patient who visited our offices.

For the past 30 years, optometrists in every state have had access to those pharmaceuticals and have used them to do an even better job of diagnosing and managing patients' conditions. In this case, it was legislative change, rather than advances in education, training, diagnostic techniques, or technology, that provided the benefit to optometrists and their patients.

My point is that we practiced without aid of the pharmaceuticals when we had to, but we quickly adopted the use of the pharmaceuticals when we were finally permitted to.

For the past 21 years, my "patients" have been my optometric colleagues and their dedicated staff people. I have used all the techniques and technology at my disposal to assist them in understanding the rules relative to medical record-keeping, learning to accurately choose visit, procedure, and diagnosis codes, analyzing provider agreements, and dealing with other "back office" challenges that optometric practices face every day.

Most or all of these challenges can be dealt with by applying techniques and resources that were available 20 years ago. Alternatively, my quest has been to convince optometrists and paraoptometrics to stretch and grow in this area, using all of the new advances that are available to them, as they certainly have in the areas of diagnosis and management of their patients' eye conditions.

Whenever there are advances available to assist in the diagnosis and management side of the practice, optometrists will spend the money, get the education, help their paraoptometrics get the education, and buy the necessary equipment to ensure that they continue to provide eye care at the highest level.

Yet the same practices too often neglect the other very important side of their practice, the medical record side, even though the tools are readily available to assist them there, as well.

The volunteers and staff of the AOA's Third Party Center and Clinical and Practice Advancement Group have worked very hard to develop tools for members to use and have made those tools available to all members at no, or very low, cost.

The resources are available through the AOA and elsewhere. A

ll that is left is for members to reach out and avail themselves of those resources.

The benefits can be significant – when improvements are made in medical records, the accuracy of choices of codes and the completion of claim forms, and the careful consideration of provider agreements from insurers prior to signing – including financial benefits, as well as enhanced peace of mind.

AOA resources can help in all of those critical areas, yet the best resource is of no value if it is not accessed and put into practice.

Consider the following partial list of resources and services available exclusively to you and your staff as a member of the AOA:

❖ *Askthecodingexperts@aoa.org* – You and any of your staff members can ask questions about medical records, CPT and ICD coding at any time, 24/7, and receive an answer within two business days, purely as a no-cost, value-added benefit of AOA membership

❖ *AOACodingToday.com* – CodingToday provides an Internet-based resource at your fingertips for CPT, ICD, and HCPCS code definitions, lay descriptions, relative values, Medicare policies, and coding tips. Through the generosity of the developers, it is available to you now as a no-cost, value-added benefit of AOA membership. Free! Find it at *aoa.org* or *aoacodingtoday.com*

❖ *AOA.ReimbursementPlus.com* – This is a customized version of the industry leading CPT Data & Information Service ReimbursementPlus®, developed by John Rumpakis, O.D., is the leading cloud-based service for any information related to procedure and diagnosis codes, fee analysis, CMS reimbursements, national and located coverage rules, CCI edits and any other CPT information desired, all specific to the parctitioner's zip code. *AOA.ReimbursementPLUS.com* provides critical real-time information that will greatly benefit AOA members in medical coding and compliance within their eye care practices.

❖ AOA Codes for Optometry – Every office should have paper references to complement the Internet-based resources, and here it is. Buy it from the AOA Order Department as a two-volume set, featuring Current Procedural Terminology; right from the American Medical Association; and Codes for Optometry, including the Documentation Guidelines for the Evaluation and Management Services (99000 office visit codes), ICD-9 abridged for the eye, and the HCPCS codes for materials in Medicare. If you are audited by an insurer, these are the resources you need to have available to be sure you can win the argument and support the coding choices you've made. An unbelievable bargain at $135. Order it every December to be sure you are working with current materials.

❖ *AOA.org/coding* – AOA webinars on many subjects are available for you to attend live and then to access as archived voice-over PowerPoint presentations. Handouts for the webinars can be of assistance to you as you do internal audits of your records or as you redesign your medical record forms. The webinars have featured choosing diagnosis and procedure codes, Medicare incentive programs (including PQRS, e-Rx, electronic health records), and information relative to purchasing electronic health care record programs. The webinars will continue each month and, with your continuing suggestions and feedback, the topics will be tailored to AOA members' needs for timely information.

So, the resources are here for you and your staff, 24/7, but they are of no use to you unless you access them.

You wouldn't want to go to your office tomorrow without access to diagnostic pharmaceuticals.

Don't go through the day without utilizing some or all of the AOA resources available to help with all the third-party issues that are also critical to your success.

The benefits can be significant when improvements are made in medical records, the accuracy of choices of codes and the completion of claim forms, and the careful consideration of provider agreements from insurers prior to signing – including financial benefits, as well as enhanced peace of mind. AOA resources can help in all of those critical areas, yet the best resource is of no value if it is not accessed and put into practice.

Staff plays essential role as point of contact with industry reps

By Tom Annunziato, O.D.

Have you ever stopped and asked your staff how they view their various roles in your office? You may be surprised by their responses.

Recently, six questions were presented to two paraoptometrics in an optometric office. The questions covered specific topics relating to the staff's interactions with an industry representative who visited the office.

Here are the questions and the responses:

Q: What can the paraoptometric learn from the industry representative to benefit the office?
Staff #1: "A paraoptometric can learn more about products and explain them to a patient."
Staff #2: "A paraoptometric can learn new information from the facts that the representatives bring in. Most reps bring in studies and printouts regarding their products. They also share experiences from other offices."

Q: What types of questions should paraoptometrics ask their industry reps?
Staff #1: "Please explain your product to me. That is, how is it made, when do you use them, how do you use them, and why"?
Staff #2: "A paraoptometric should ask questions about the product so we can better inform patients about that product."

Q: Who in the office should be the point of contact for the industry representative?
Staff #1: "That depends on the representative's products. If it's medications, it should be the doctors themselves. If it's contact lenses, or related products, it should be the contact lens tech. If it's about spectacles, and related products, it should be the opticians."
Staff #2: "Usually our office manager is the point of contact depending on the product."

Q*: How many times per year do the industry representatives visit the office?*
Staff #1: "Most representatives will make it a point to come by or bring lunch for the office every six to eight weeks."
Staff #2: "Depending on the representative and their products, usually every three months."

Q: Who makes the decisions about purchasing products?
Staff #1: "Again, it depends on the product. Medication purchases from the doctor, optical products from the opticians, and contact lens products from the contact lens tech."
Staff #2: "The primary buyer in the office is our business manager. He consults with the doctors on medications, but on most all other products, including office supplies, he makes most of the purchasing decisions."

Q: How much influence do the suggestions of the paraoptometric have with the optometrist when it comes to purchasing products for the practice?
Staff #1: "I am sure that our suggestions are greatly appreciated."
Staff #2: "He may ask his paraoptometrics their opinions and use those for his final decision-making."

Of the responses to the questions asked, the one that strikes the most interest is the question of how influenced the optometrist is by staff's suggestions. Optometrists should value their staff's comments and suggestions. It's important for the optometrist to realize how much his or her staff may influence purchasing decisions and how important the visit from the industry representative is to making those decisions.

The OD should look closely at which staff person is appointed as the point of contact for the practice.

Communication between the OD and staff should occur prior to a visit from the industry representative so the information about the products, the costs, and the value the products may bring to the practice can be discussed.

Typically, the optometrist's day is busy, and it is very difficult to stop the momentum and visit with industry partners.

Optometrists must rely on staff to not only gather information, but to relate it back in a supportive role.

This not only increases staff's importance and the optometrist's efficiency, but increases successes concerning patient outcomes.

It would be of value to ask these six questions, and a few of additional ones, to staff to assess the role they have in the office.

What to expect from an industry representative visit

- The most basic focus of the visit should be to provide information to help the practice deliver the best care possible to the person whom you both serve–the patient.
- The visit should relay information to staff in a honest and forthright manner without hidden agendas.
- The industry representatives should provide prompt responses to phone calls and e-mails.
- The industry representative should be respectful of a busy office schedule. Appointments should be made beforehand, and all parties should arrive on time and focus on the task at hand.
- The industry representative must be able and willing to educate staff on proper use of products or make arrangements for other company representatives to provide the necessary in-service training.
- The industry representative should possess a high level of knowledge about not only their products but those of their competitors, contracts, reimbursement issues, and costs.

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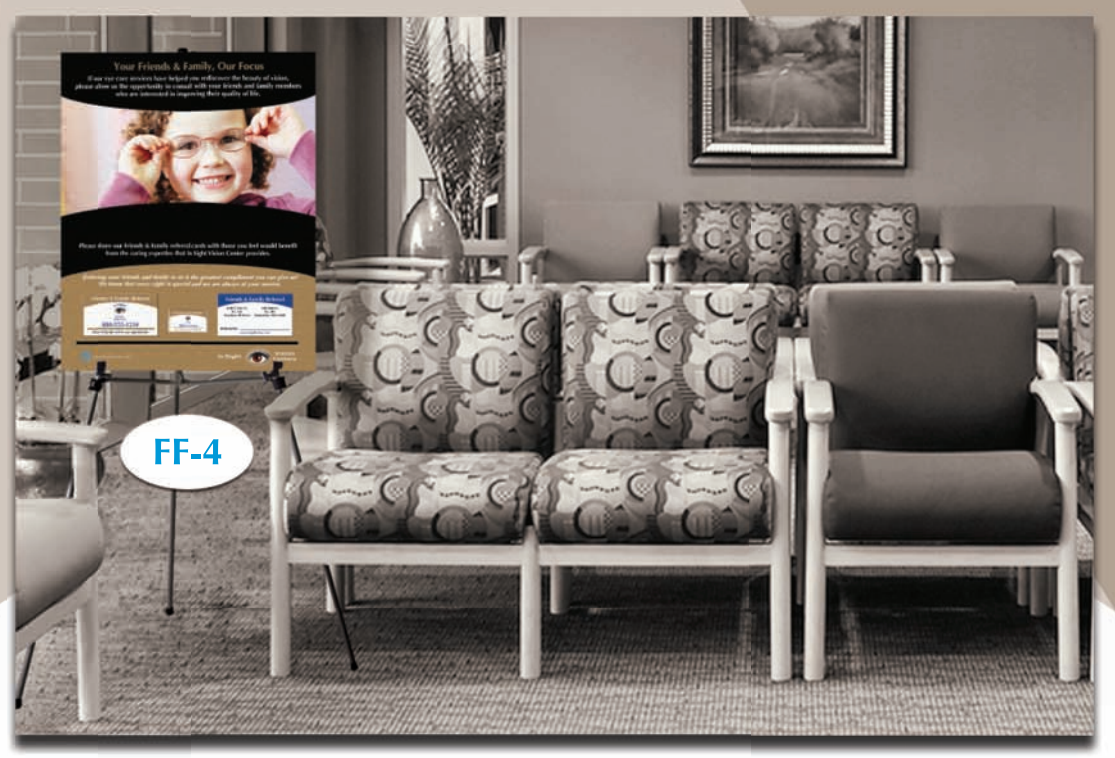

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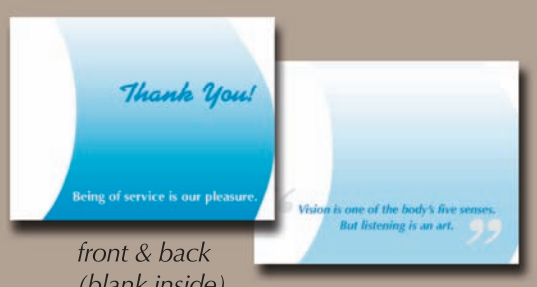

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Ky OD earns acclaim as e-health pioneer

David Jaco, O.D., was honored last month, along with some of his region's largest hospitals and health care institutions, for helping the Commonwealth of Kentucky to develop one of the nation's leading health information technology (HIT) systems.

Dr. Jaco was the sole private practice health care practitioner to receive a Pioneer Award, Sept. 7, during the annual e-Health Summit, convened by the Kentucky Governor's Office of Electronic Health Information (GOEHI).

A member of Eye Care Associates of Kentucky, a five-location group practice in the western part of the commonwealth, Dr. Jaco, in 2003, led implementation of an electronic health records (EHR) system in the practice, establishing Eye Care Associates as one of the first health care practices in Kentucky (and one of the first optometric practices in the nation) to utilize the emerging technology.

This year, Dr. Jaco became the first optometrist with live access to the Kentucky Health Information Exchange (KHIE), the commonwealth's new HIT network.

Perhaps most important, Eye Care Associates last year spurred development of a virtual private network (VPN), designed to make participation in the health information exchange (HIE) easier and more practical for health care practitioners.

"Kentucky is a recognized leader in HIT," Dr. Jaco said.

Farzad Mostashari, M.D., the director of the Office of the National Coordinator (ONC) for Health Information Technology, commended the commonwealth for its HIT development efforts during the summit.

Kentucky was among the first states to actively pursue development of a border-to-border HIT network. The system has quickly achieved acceptance among many health care facilities and practitioners in the commonwealth.

KHIE officials believe the VPN has become an important factor in the successful recruiting of health care practitioners to the HIE and the establishing of the Kentucky exchange as a national model.

Dr. Jaco credits the KHIE and affiliated entities with working cooperatively to make the system available to health care providers.

"Health information technology can do so much to improve care in Kentucky," Gov. Steve Beshear said during last month's summit. "Implementing electronic health records and connecting to KHIE has the potential to make health care more efficient and can reduce medical errors. I applaud the providers and health care leaders of the commonwealth, who have joined us in this effort and are working to build a healthier future."

Dr. Jaco confirms that, in his practice, EHRs have lived up to expectations for improved efficiency and enhanced patient care. The Eye Care Associates of Kentucky have found HIT to be particularly helpful in reconciling medical prescriptions and managing diabetic patients.

However, implementation of EHRs in a practice can be tricky, Dr. Jaco acknowledges. Keys to success include careful planning, proper selection of an EHR system that is well suited to the practice, and designation of a practitioner or staff person to oversee implementation. (In addition to designating Dr. Jaco its key HIT person, Eye Care Associates of Kentucky has retained an outside consultant to assist the practice with HIT issues.)

And even in states like Kentucky that have placed priority on HIT implementation, the establishing of a successful HIEs can pose challenges.

As an early HIT adopter, Dr. Jaco found that the Web portal used by the KHIE was designed primarily for use by hospitals and other health care facilities. He and KHIE quickly realized that there was need for a system that was more user-friendly for health care practitioners.

"It has to do with accepting information in the way that health care practitioners would normally provide it," Dr. Jaco said.

The answer was a VPN specially developed for practitioners instead of institutions. "VPN" is an information technology (IT) term used to describe a system for routing information from one network or domain to another.

Last year, at Dr. Jaco's request, the KHIE agreed to accept health information through such a network. In November 2010, the commonwealth, VersaSuite (Eye Care Associates' Austin, Texas-based EHR software provider), Affiliated Computer Services, Inc. (a division of Xerox) and Silicon Valley, CA-based Axolotl Corp (an early HIT developer affiliated with UnitedHealth's Ingenix health data division) entered into an agreement for the development of a VPN. Eight months later it was ready for use.

The VPN is gaining widespread acceptance among Kentucky health care practitioners, Dr. Jaco reports. He credits effort by the commonwealth's two federally designed EHR regional extension centers – University of Kentucky in Lexington and HealthBridge in the Cincinnati area – to encourage use of the network statewide.

At least one practitioner in neighboring Missouri is now planning to use the VPN to access health information, he adds.

Dr. Jaco believes support for HIT initiatives will continue to grow in Kentucky over the coming months and years.

Last month's Kentucky e-health summit drew hundreds of business, technology, health care, academic and government leaders from around the state to present ideas and listen

see Jaco, page 32

"Technology has transformed so much of the American economy, yet in many ways, the health care industry is just catching on to what can be achieved."

From left, Polly Mullins Bentley, deputy executive director of the Kentucky Governor's Office of Electronic Health Information; Kathy Frye, deputy executive director and chief information officer of the Kentucky Office of Administrative and Technology Services; Jason M. McNamara, Health Information Technology (HIT) Coordinator for the U.S. Centers for Medicare & Medicaid Services (CMS); Jessica Kahn, CMS technical director for HIT; David Jaco, O.D., e-health Pioneer Award; Anton Gunn, regional director for the U.S. Department of Health & Human Services (HHS); and Farzad Motahari, M.D., HHS National Coordinator for Health Information Technology.

Editor's note

AOA News is highlighting the admirable charitable work, exceptional patient care and unique contributions that distinguish members of the American Optometric Association.

Got a story to share?

Drop a line to *TLOverton@aoa.org*.

Jaco,

from page 31

to state and national leaders outline new HIT initiatives.

"Technology has transformed so much of the American economy, yet in many ways, the health care industry is just catching on to what can be achieved," said CHFS Secretary Janie Miller. "We want to help make our hospitals, provider offices and pharmacies even more productive and efficient by helping them implement electronic health records and connect to KHIE."

Dr. Jaco says his Pioneer Award is evidence that a single health care practitioner can play a meaningful role in shaping the nation's emerging HIT system. He urged optometrists to become involved in efforts to develop EHR networks in their states. Honored along with Dr. Jaco during last month's summit were five medical centers including the University of Louisville Hospital. Also receiving awards were the University of Kentucky Regional Extension Center and the commonwealth's first (HIT) coordinator.

Dr. Jaco is a former member of the National Board of Optometric Examiners, a former trustee of the West Kentucky Optometric Society and the Kentucky Optometric Association's 2002 Young Optometrist of the Year. He currently serves as second VP for the Kentucky Optometric Association.

Information on health information technology in optometric practices can be found on the AOA Web site EHR page (*www.aoa.org/ehr*).

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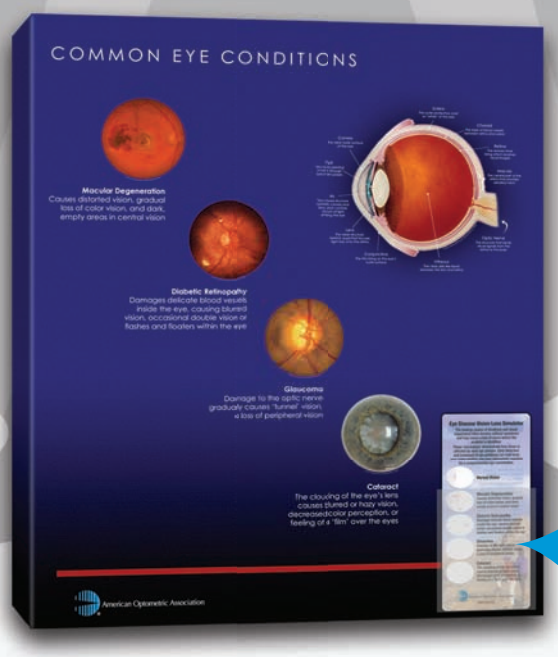

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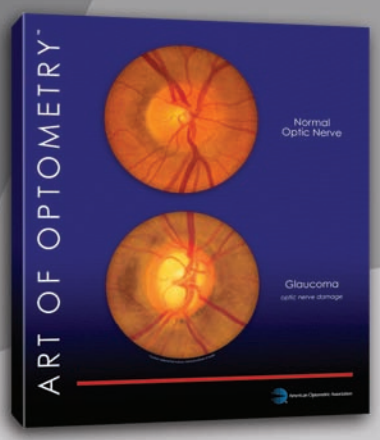
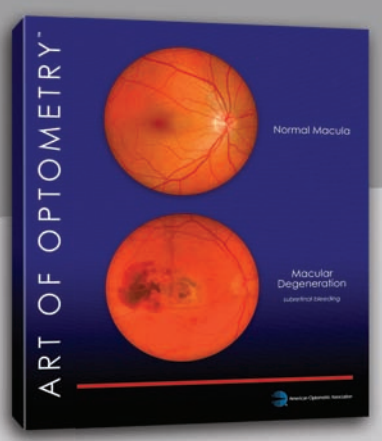
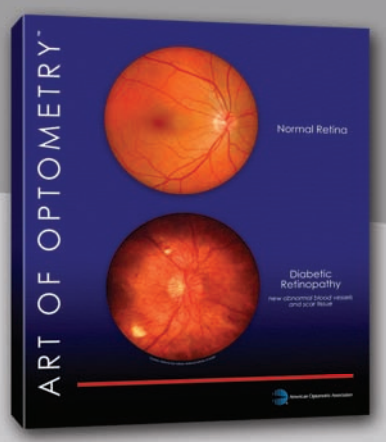


GP-5 ***Glaucoma***

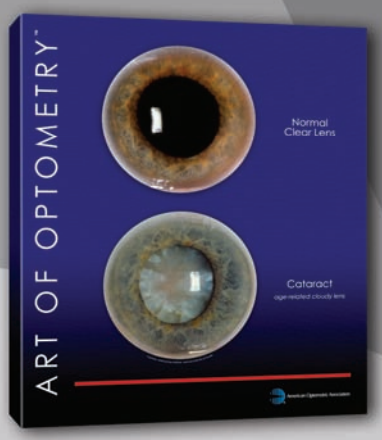


GP-6 ***Macular Degeneration***

GP-9 ***The Human Eye***



GP-7 ***Diabetic Retinopathy***



GP-8 ***Cataract***

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AOA VRS receives advocacy award at Envision

The 2011 Envision Conference recognized the work of the AOA Vision Rehabilitation Section (VRS) with the Envision Excellence in Advocacy Award.

Attendees of the 2010 Envision Conference nominated the VRS for the award.

One nomination stated: "The AOA VRS continues to lead the way in advocacy, policy and clinical care for individuals of all ages with visual impairment through major contributions made to our field, especially in the last several decades..."

The award was accepted on behalf of the VRS by council member David Lewerenz, O.D., at the conference Sept. 22 in St. Louis, Mo.

"The Envision Excellence in Advocacy Award is awarded annually to recognize 'an individual, individuals or organization that has demonstrated an outstanding career, program, research outcome or effort in advocacy for persons who are visually impaired with national or international impact,'" said Dr. Lewerenz. "To be recognized by an award with such a broad scope speaks to the many things the VRS and its members have done to advance care for the visually impaired. It shows that the VRS advocates not just for optometrists who provide care, but for the patients who receive it."

Centered around the theme "Excellence in Research," Envision Conference 2011 hosted the largest interdisciplinary low vision conference in the United States.

The conference featured clinical education, workshops and research presentations offering some of the most advanced research and treatments by top experts in vision rehabilitation from across the globe.

Research presented at Envision noted that the number of individuals in the United States age 65 or older is expected to more than double to nearly 70 million by 2030. As the population of older adults increases, so too does the number of people with vision impairments that significantly impact their quality of life.

"To be recognized by an award with such a broad scope speaks to the many things the VRS and its members have done to advance care for the visually impaired. It shows that the VRS advocates not just for optometrists who provide care, but for the patients who receive it."

Additionally, vision loss or blindness can originate from injury or trauma, congenital or genetic origin or disease beginning at birth or early childhood. That means virtually every medical professional will come into contact with a patient with low vision.

"While we recognize vision loss cannot typically be reversed, we believe comprehensive vision rehabilitation, carried out in a multi-disciplinary fashion that involves everyone from physician to occupational therapist to optometrist—and even teachers in the case of children—can significantly enhance the quality of life for these individuals," said Conference Director Michael Epp, who also serves as director of Professional Education for Envision.

The Envision Conference also presented the Envision Award in Low Vision Research to Gary S. Rubin, Ph.D., who is the Gold Fellow of the Association for Research and Vision and Ophthalmology and an Honorary Fellow of the College of Optometrists in the United Kingdom.

Dr. Rubin delivered the opening keynote address, "Excellence in Research."

In addition to publishing more than 100 scientific papers and book chapters, some of Dr. Rubin's more noted research includes reading and face recognition in people with impaired vision and the effects of visual impairment on older people's daily lives. He is also heavily involved in the development and validation of new clinical vision tests used in a wide range of eye diseases including cataracts, macular degeneration, and diseases of the optic nerve.

Another conference highlight was "New Frontiers in Low Vision Treatment," presented by Ronald Siwoff, O.D., and Rachel Rose Siwoff. This is one of 57 clinical education sessions and 10 research panels held at the conference.

According to treatment developed by Dr. Siwoff, "Millions of people who are legally blind as the result of macular degeneration, diabetic retinopathy, retinitis pigmentosa and other retinal diseases can have hope, because of a new form of rehabilitation therapy called RIT (Retinal Image Translocation) therapy."

RIT therapy is a nonsurgical, noninvasive method of maximizing functional vision.

"RIT therapy was not possible until now because it requires a new technology using high-resolution digital photography. With these new cameras, we are able to pinpoint healthy areas in otherwise damaged and scarred retinas" said Dr. Siwoff.

Once these "windows" of peripheral vision are located, custom prismatic lenses can relocate the retinal image to a healthy spot and away from retinal scar tissue. The custom prismatic spectacles give the appearance of restoring central vision. Macular patients, for example, no longer have to turn their heads to the side to see, but rather can see more normally out of the center of their eyeglasses.

According to Siwoff, many eye doctors have some knowledge of how prisms work, but their training in use of prisms was limited to older, failed methods of using them to correct vision loss. The previous methods relied on subjective reports from the patient who was asked to self-align a prism trial lens until the visual image became clearer.

2011 Envision Excellence in Advocacy Award

In addition to optometrists, the Envision Conference benefits special education teachers, community agency personnel, government policymakers and assistive technology practitioners.

The mission of Envision Conference is to improve the quality of low vision care through excellence in professional collaboration, advocacy, research and education. For more information, visit *www.envisionconference.org* or follow them on *Twitter.com/envisionconf*.

AOA Sections Coordinator Melissa Flower discussed the benefits of VRS membership and offered materials at the 2011 Envision Conference in St. Louis, Mo., Sept. 21-24.

Carlson guest on 'Healthy Vision with Dr. Val' show

As millions of children head back to the classroom, parents are looking for every opportunity to help them be successful in school and in life. On the latest edition of "Healthy Vision™ with Dr. Val Jones," top national experts, including AOA President Dori Carlson, O.D., discussed how early identification of vision problems and different types of vision correction can impact a child's self esteem, confidence and performance.

AOA research shows one in four school-age children suffer from an undetected or untreated vision problem. While most school vision screenings can and do catch some types of vision problems, they do have their limitations.

On the program, Dr. Carlson said studies show that upward of 75 percent of children who have a learning related vision problem are missed during school screenings and other studies show that upward of 40 percent don't get follow-up care afterward.

"Knowing that so much of what children learn is visual, it needs to be a priority to catch vision problems early on."

"Knowing that so much of what children learn is visual, it needs to be a priority to catch vision problems early on," Dr. Carlson told program host Dr. Val Jones.

Optometrist and researcher Jeffrey Walline, O.D., and clinical psychology professor Mitchell Prinstein. Ph.D., joined Dr. Val to share research results that suggest that contact lenses may have added benefits to children beyond vision correction, and offered advice to parents on how to know if a child is ready for contacts.

"I generally tell people that we should not base a child's ability to wear contact lenses on age alone," said Dr. Walline.

Actress Meaghan Martin, best known for her roles in "Camp Rock: The Final Jam" and "10 Things I Hate About You," told Dr. Val about how she overcame "poke-a-phobia" and offers advice to teenagers on what they can do to improve their self-esteem.

"Healthy Vision™ with Dr. Val Jones" is devoted to educating and improving the eye health of Americans.

The program is supported by Acuvue® Brand Contact Lenses and is hosted by Val Jones, M.D., chief executive officer of Better Health, LLC, a network of popular health bloggers, and author of "Dr. Val and the Voice of Reason," which won the Best New Medical Blog award in 2007.

Free podcasts of "Healthy Vision™ with Dr. Val Jones" can be found in the iTunes Store (for best results, search for the show by its complete title.

Find it in LifeMinute.TV Health), BlogTalk Radio (*www.blogtalkradio.com/healthyvision*) and on *http://getbetterhealth.com/healthyvision*.

A link to the show also can be found at *www.acuvue.com/healthyvision*.

Marketing,

from page 26

nity organizations are continually looking for volunteers to help with projects and service. You can provide expertise as a speaker on eye care issues for weekly meetings, or sponsor and work with particular projects that benefit the community. Raising awareness of your practice will be the inevitable outcome of giving of your time to your neighbors.

Ultimately, marketing of the modern optometric office is identifying the wants and needs of your patients and delivering the message that your practice has the expertise and ability to meet those desires...

Non-traditional marketing – as important as traditional marketing methods can be to your practice, we now live in an age where we can reach out to patients through social media and connect and engage them directly in a more personal way. We should not underestimate the force that online interaction will have on the brand that is your practice, and although intimidating to most of us, there are a few strategies you can employ to begin to leverage this technology.

Web site – by now you should have a practice Web site. Keep your content fresh and update it often.

E-mail – If you are not already, collect e-mail addresses in order to mine your database of patients for target marketing ideas and recall notices.

Facebook – If you do not have a personal Facebook page or practice Facebook page, you must simply sign up and spend some time navigating through the various features. Think of Facebook as a mini Web site of your practice and make good use of the tools available to reach out to your patients and more than 500 million potential patients.

Twitter – an online social and information network that allows users to discover the latest news related to subjects you care about. Using this service, you can send practice and optometry related information to those who "follow" you as it's happening. Post promotions and special offers to followers.

Social media coordination – just like there are ad agencies that will coordinate traditional media campaigns, there are now services for optometrists who will manage your online presence as well. With their expertise, they will offer assistance with your online reputation, text message patient communication, Google and Yahoo reviews, and search engine optimization, all within your practice management software.

Bloggers – wonderful blogs written by media-savvy optometrists exist to lead you through the myriad maze of social network and Internet tools that are now available. The landscape of media options is ever-changing, and these experts are remarkable at staying abreast of the latest trends.

Ultimately, marketing of the modern optometric office is identifying the wants and needs of your patients and delivering the message that your practice has the expertise and ability to meet those desires, and to deliver world class customer service to generate the definitive marketing tool – word-of-mouth referrals from satisfied patients.

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Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council ™ to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: CooperVision

CooperVision: Refreshingly Different

At CooperVision, we bring a refreshing perspective that creates real advantages for customers and wearers of disposable soft contact lenses.

We appreciate that no two eyes, no two patients and no two days are ever the same. We understand our lenses are one of many valuable ingredients in people's daily lives. We know every wearer is unique, so we craft world-class lenses for both mainstream and challenging vision corrections.

To help you enhance your contact lens practice, we offer a full range of exceptional contact lenses, with something to fit virtually every patient, and every vision condition, including the Avaira®, Biofinity®, and Proclear® families of lenses.

The Avaira brand offers the only naturally wettable two-week silicone hydrogel on the market, giving your patients comfort they can rely on day after day.

Biofinity Multifocal is the latest addition to the Biofinity family of lenses, which feature our most advance material and AQUAFORM Comfort Science, providing excellent health and comfort for your patients.

The Proclear brand encompasses six types of lenses and features the only contact lenses with FDA clearance for the claim: "may provide improved comfort for contact lens wearers who experience mild discomfort or symptoms relating to dryness during lens wear."

Our perspective also enables us to be a better partner. We listen. We understand the dynamics of our industry. We keep it simple. And we act with speed, flexibility and nimbleness, always looking for new and better ways to support our customers and keep them up-to-date.

We provide business solutions – to help practitioners increase their contact lens business.

- Online Practice Management Tools – We understand that your main job is to provide the best eye care to your patients, so we provide you with the opportunity to listen to webinars and read informative articles on your own time. From The On Eye Blog (*visit http://blog.coopervision.com*) to CooperVision's Facebook page for ECPs (visit *www.facebook.com/CooperVisionECP*) to our newly redesigned Web site, we have a multitude of resources with easily accessible tips and tools for building and marketing your practice.
- Fitting Support - Access to a group of highly trained fitting specialists known as CVSPO (CooperVision Special Product Operations). This dedicated team of experienced professionals is completely focused on helping you efficiently and effectively fit our multifocal and other specialty lenses.
- Online Ordering - Visit *www.coopervision.com* for secure online ordering and immediate access to specific data including: most frequently purchased products, order status, shipment tracking, invoice lookup, payment history and product purchased bank balances.
- Direct to Patient Delivery with CooperDirect™ - Offer your patients another reason to love your practice with the convenience of at-home delivery of their contact lenses.

In the end, we are committed to helping customers run and grow a successful business, and to keeping customers and wearers happy with our lenses and confident in CooperVision…today, tomorrow and beyond.

For more information about CooperVision and its contact lenses, contact your CooperVison sales rep or visit *coopervision.com*. CooperVision is a proud supporter of the AOA.

Essilor launches a new anti-fogging category of lenses

Essilor announced the launch of Optifog, the first high-performance anti-fogging lenses, in response to high consumer demand. This new category of lenses represents a major technological breakthrough in keeping with the long tradition of innovation at Essilor, according to the company.

This category of lenses builds on the five major technological breakthroughs of recent decades in all of which Essilor played a major role:

- plastic lenses with Orma 500 in 1954
- progressive lenses with the launch of the Varilux brand in 1959
- photochromic lenses with Transitions in 1991
- antireflective lenses with the Crizal brand in 1992
- polarized lenses with Xperio in 2008

With Optifog, Essilor is now starting a new chapter in optical research that will offer an innovative technological solution to the issue of fog.

"Innovation has always been at the heart of Essilor's strategy, to provide better vision for spectacle wearers under all conditions," said Hubert Sagnières, chief executive officer of Essilor. "With this new category of lenses, millions of consumers will now have access to a solution which will eliminate problems of lenses fogging up. This ground-breaking innovation is the fruit of our ongoing R&D efforts to help everyone see the world better."

A real scientific breakthrough, Optifog lenses prevent eyeglasses from fogging up, thanks to a hydrophilic coating, while simultaneously offering all the optical and anti-smudge performance of Essilor lenses, according to the company.

According to research carried out around the world, 75 percent of eyeglass wearers would welcome an anti-fog solution for improved comfort and vision in their daily life (at work, playing sports, in transport, etc.).

The number of eyeglass wearers affected by fog problems is currently estimated at 1.2 billion worldwide, reflecting the potential of this technological breakthrough.

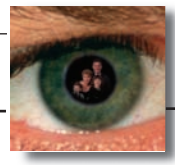
"With this new category of lenses, millions of consumers will now have access to a solution which will eliminate problems of lenses fogging up."

On all continents, irrespective of climate conditions, eyeglass wearers face the problem of fogging when they move from a cold to a warm environment:

- in warm, humid regions, spectacle wearers face fogging problems on a daily basis year round (for instance, when they leave an air-conditioned environment).
- in temperate or cold climates the problems can arise in many different everyday situations: having a hot drink in the morning, when cooking, riding a motorcycle or taking part in a sports activity.

Around the world, fogging is also a problem for a large number of professional activities, particularly those that require the wearing of masks (in health care, for example) or other protective equipment.

With three Innovation and Technology Centers and 550 researchers around the world developing the lenses of the future, Essilor keeps innovation at the heart of its strategy to drive growth, according to the company.



New Allergan survey shows 48% have dry eye symptoms

Dry eye has long been recognized as a common and often chronic problem, particularly in older adults. However, the recently released Allergan Dry Eye Survey, conducted by Harris Interactive, suggests the condition may be even more prevalent than previously believed.

The survey finds that men, as well as women, frequently experience dry eye and that the condition frequently results in problems such as difficulty with reading.

It also finds that while many dry eye sufferers use over-the-counter remedies to self-treat the condition, most are unhappy with the results.

The survey suggests eye care professionals may need to play a more proactive role in diagnosing and treating the condition, according to Allergan.

The survey finds:

- Nearly half of all U.S. adults (48 percent) experience one or more dry eye symptom(s) regularly
- Half of all women (52 percent) experience one or more dry eye symptom(s) regularly
- Two in five women age 45 to 54 who suffer from dry eye symptoms (42 percent) experience blurred vision
- 30 percent of men 55 and older have experienced dry eye symptoms for more than 10 years
- 19 percent of women age 55 and older have experienced dry eye symptoms for more than 10 years
- Women are more likely than men to report experiencing difficulty using the computer as a result of their dry eye symptoms (62 percent vs. 44 percent)
- Approximately two out of five U.S. adults (43 percent) report experiencing difficulty reading as a result of their dry eye symptoms
- Nearly one out of five U.S. adults (19 percent) report using over-the-counter (OTC) eyedrops to treat symptoms at least five times per week
- Nearly half of U.S. adults (48 percent) who use OTC eyedrops to manage their dry eye symptoms state that their eye care professional or pharmacist influenced their decision to use OTC drops
- A majority of U.S. adults who use OTC eyedrops to manage their dry eye symptoms (63 percent) state that the OTC drops are only somewhat or not at all successful in managing their dry eye symptoms
- Women who use OTC eyedrops to manage their dry eye symptoms are more likely than men to state their OTC drops are only somewhat or not at all successful in managing their dry eye symptoms (68 percent vs. 54 percent)
- 69 percent of U.S. adults who experience one or more dry eye symptom(s) have not visited a eye care professional to treat symptoms
- Approximately two out of five U.S. adults (41 percent) who visited an eye care professional to treat their dry eye symptoms stated that they visited more than once before finding relief (19 percent); or that they still have not found relief (22 percent)

69 percent of U.S. adults who experience one or more dry eye symptom(s) have not visited a eye care professional to treat symptoms

This survey was conducted online in the United States March 4-8, 2011, among 2,411 adults (age 18 and older) by Harris Interactive on behalf of Allergan, Inc., via its Quick Queryomnibus product. Figures for age, sex, race/ ethnicity, education, region and household income were weighted where necessary to bring them into line with their actual proportions in the population.

The 2011/2012 Emporio Armani eyewear collection showcases metropolitan mood and contemporary spirit in the new sunglasses. Shown is style EA 9808/S, urban-inspired aviator sunglasses produced in steel and metal and embellished with a rubber-finished top bar. www.safilo.com

Industry Profile: Shamir

We believe that it has never been more important for ODs to understand the technological advancements that have taken place with progressive lens technology, specifically Shamir technology. This understanding ultimately translates into a better overall patient experience.

It has always been our objective and priority to provide our customers with three key elements: cutting-edge progressive lens technology at any given time, superior customer care, and the best educational programs available for the optical market. Since our founding in Israel in the 1970s, Shamir has introduced a wealth of progressive addition lenses (PALs) integrated with advanced technological design elements. All of our lens designs start with our patented EyePoint Technology®, a software program that simulates the movement of the human eye in every angle and distance, delivering lenses with uncompromised visual acuity. From our first breakthrough, Shamir Genesis™, which topped independent analyst studies, to Shamir Autograph II® and Shamir Creation®, which have both won the Optical Laboratories Association (OLA) Award of Excellence for Best Lens Design, EyePoint Technology® is "the design inside" each one of our lenses and what we believe puts Shamir lenses in a class all their own.

Most recently, however, the talk of the industry has been Shamir's ultimate design: our Freeform® lens known as Shamir Autograph II®. Branded as "Your Personal Lifestyle Lens™," this family of individually back-surface designed lenses includes the patient's personal attributes in each lens, along with two built-in technologies, truly providing the most customized PAL on the market today. As-Worn Technology™ fine tunes a patient's prescription by calculating three distinct measurements into the design (vertex distance, pantoscopic tilt and panoramic angle). As-Worn Technology™ is an advancement that only a true research and development company like Shamir can make, which we believe takes Freeform® lenses to the next level.

When it comes to the field, we're also making large advancements. We hire account executives who have strong optical backgrounds and put them through extensive training in both EyePoint Technology® and Shamir's Core Values (SCV). With the help of our 300 partnering labs, we work together to raise industry awareness of progressive, occupational and specialized lenses. We are proud of our industry-leading Freeform® Certification Program that educates eye care professionals like you with the technology used in the creation of our patient-specific line of premium progressive lenses. To date, we have certified more than 7,500 participants in close to 3,000 practices. The industry is obviously eager to learn more about how their patients will benefit from Freeform®, and we are more than willing to assist.

In short, we strive every day to live up to our motto of ReCreating Perfect Vision®. It's a vision we share with you. The optical industry is constantly changing, and we would like nothing more than to assist you and your practice in understanding how to stay on top with technology.

MEETINGS

October

AMERICAN ACADEMY OF OPTOMETRY
ACADEMY 2011 BOSTON
October 12-15, 2011
Boston, MA
301/984-1441
www.aaopt.org

MISSOURI OPTOMETRIC ASSOCIATION
ANNUAL MEETING
October 13-16, 2011
Chateau on the Lake, Branson, MO
LeeAnn Barrett, O.D.
573/635-6151
moaed@moeyecare.org
www.moeyecare.org

IOWA OPTOMETRIC ASSOCIATION
Hawkeye Institute
October 13-14, 2011
Cedar Rapids, Iowa
Grace Kennedy
515/222-5679
FAX: 515/222-9073
gracek@iowaoptometry.org
www.iowaoptometry.org

KMK EDUCATIONAL SERVICES
ABO Board Certification Review Course
October 14-16, 2011
Aloft Hotel, Charlotte, NC
402/680-4634
kmkboardcertification@gmail.com
www.kmkoptometryboardcertification.com

OKLAHOMA ASSOCIATION OF OPTOMETRIC PHYSICIANS
PIONEERS IN OPTOMETRY REGIONAL CONFERENCE & EXHIBITION HALL
October 14-16, 2011
Hyatt Regency, Tulsa, OK
Heatherlyn Burton
405/524-1075
FAX: 405/524-1077
heatherlyn@oaop.org

VIRGINIA OPTOMETRIC ASSOCIATION
FALL CONFERENCE
October 15-16, 2011
Wintergreen Resort, Wintergreen, VA
Bruce B. Keeney, Sr.
804/643-0309
www.thevoa.org

GEORGIA OPTOMETRIC ASSOCIATION
FALL OPTOMETRIC EDUCATION CONFERENCE
October 15-16, 2011
UGA Center for Continuing Education, Athens, GA
Vanessa Grosso
770/961-9866, ext. 1
vanessgoa@aol.com

AOA: REDUCING THE RISK OF AGE-RELATED VISION LOSS
October 17, 2011
Mystic Marriott Hotel and Spa, Groton, Connecticut
Melissa Flower
314/983-4136
FAX: 314/991-4101
mlflower@aoa.org

OHIO OPTOMETRIC ASSOCIATION
EASTWEST EYE CONFERENCE
October 20-23, 2011
Cleveland Convention Center, Cleveland, Ohio
Linda Fette
800/999-4939
FAX: 614/781-6521
info@ooa.org
www.eastwesteye.org

HUDSON VALLEY OPTOMETRIC SOCIETY
FALL SEMINAR
October 21, 2011
Poughkeepsie, NY
Robert Greenbaum, O.D.
845/473-0220
RGreenbaum@GreenbaumOptometry.com

2011 ANNUAL FALL CONVENTION
ARKANSAS OPTOMETRIC ASSOCIATION
October 21-23, 2011
Hot Springs, Arkansas
Misty Engler, Membership Director
501/661-7675
FAX: 501/372-0233
misty@arkansasoptometric.org
www.arkansasoptometric.org

PENNSYLVANIA OPTOMETRIC ASSOCIATION
BOARD CERTIFICATION PREP COURSE
October 29-30, 2011
Blair County Convention Center, Altoona, PA
Ilene Sauertieg
717/233-6455
www.poaeyes.org
Ilene@poaeyes.org

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org. Please allow several months' lead time.

November

MISSISSIPPI OPTOMETRIC ASSOCIATION
2011 FALL CONTINUING EDUCATION CONFERENCE AND EXPOSITION
November 3-6, 2011
Hilton, Jackson, MS
Linda Ross Aldy
601/853-4407
www.mseyes.com

MISSISSIPPI OPTOMETRIC ASSOCIATION
ABO Board Certification Review Course
November 3-4, 2011
Courtyard Marriott, Jackson, MS
402/680-4634
www.mseyes.com

KENTUCKY OPTOMETRIC ASSOCIATION
FALL EDUCATION CONFERENCE
November 4-6, 2011
Park Vista Hotel, Gatlinburg, Tennessee
Sarah Unger
sarah@kyeyes.org
www.kyeyes.org

FELLOWSHIP OF CHRISTIAN OPTOMETRISTS, INTERNATIONAL
22ND ANNUAL EDUCATIONAL CONFERENCE
November 4-6, 2011
Abe Martin Lodge, Brown County State Park, Nashville, Indiana
850/530-9626
foreknown@aol.com
www.fcoint.org/services/annualConference.html

OPTOMETRIC MANAGEMENT SYMPOSIUM ON CONTEMPORARY EYE CARE
November 4-6, 2011
Disney's Contemporary Resort, Lake Buena Vista, Florida
Maureen Platt, Meeting Planner
maureen.platt@wolterskluwer.com
www.omconference.com

SPORTS VISION UNIVERSITY
Southern College of Optometry
Vistakon
November 5, 2011
Alisa Krewet
314/983-4137
AGKrewet@aoa.org

AOA: REDUCING THE RISK OF AGE-RELATED VISION LOSS
November 5, 2011
Hilton of Jackson, Jackson, Mississippi
Melissa Flower
314/983-4136
FAX: 314/991-4101
mlflower@aoa.org

OPHTHALMIC CONSULTANTS OF LONG ISLAND
13TH CONTINUING EDUCATION EVENT FOR OPTOMETRISTS
November 6, 2011
Carlyle on the Green, Farmingdale, NY
Danielle Aposhian
516/804-5247
daposhian@ocli.net

West Virginia Association of Optometric Physicians
Annual Congress
November 10-13, 2011
Embassy Suites, Charleston, WV
304/720-8262
www.wvaop.org

ARIZONA OPTOMETRIC ASSOCIATION
FALL CONGRESS
November 11-13, 2011
Hilton Sedona Resort
Sedona, AZ
800/346-2020
azoa@azoa.org
http://arizona.aoa.org

SALUS UNIVERSITY
ABO Board Certification Review Course
November 11-13, 2011
Salus Campus, Elkins Park, PA
402/680-4634
www.pco.edu

FLORIDA OPTOMETRIC ASSOCIATION
BOARD CERTIFICATION PREP COURSE
November 11-13, 2011
Hilton Ft. Lauderdale Airport, Ft. Lauderdale, FL
800/399-2334
kellie@floridaeyes.org
www.florida.aoa.org

KANSAS OPTOMETRIC ASSOCIATION
FALL EYECARE CONFERENCE
BOARD CERTIFICATION REVIEW
November 18-20, 2011
Airport Hilton, Wichita, KS
785/232-0225
info@kansasoptometric.org
www.kansasoptometric.org

December

MARYLAND OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION & CONTINUING EDUCATION FORUM
BOARD CERTIFICATION PREP COURSE
December 2-4, 2011
Hyatt Regency Baltimore, Baltimore, MD
Kristen Philips
410/727-7800
FAX: 410/752-8295
moa@assnhqtrs.com
www.marylandeyes.org

January

TROPICAL CE
January 28-February 4, 2012
Belize
www.tropicalce.com
sautry@tropicalce.com
February 2012

February

MICHIGAN OPTOMETRIC ASSOCIATION
WINTER SEMINAR
February 1-2, 2012
Kellogg Hotel & Conference Center, East Lansing, MI
Amy Possavino
517/482-0616
FAX: 517/482-1611
amy@themoa.org
www.themoa.org

HEART OF AMERICA CONTACT LENS SOCIETY
Contact Lens and Primary Care Congress
February 17-19, 2012
Hyatt Regency-Crown Center, Kansas City, MO
Dr. Steve Smith
918/341-8211
registration@hoacls.org
www.hoacls.org

SECO INTERNATIONAL 2012
February 29-March 4, 2012
Georgia World Congress Center, Atlanta, GA
770/451-8206, ext. 13
bfripp@secostaff.com
www.seco2012.com

March

MONTANA OPTOMETRIC ASSOCIATION
MOA 2012 BIG SKY CONFERENCE
March 1-3, 2012
Huntley Lodge, Big Sky, MT
406/443-1160
sweingartner@rmsmanagement.com
www.mteyes.com

OPTOMETRIC EXTENSION PROGRAM FOUNDATION
CALIFORNIA REGIONAL VISION THERAPISTS FORUM
March 9-10, 2012
Crowne Plaza Hotel, San Diego, CA
Lyna Dyson, COVT
visionhlp@juno.com
888/233-9527.

TROPICAL CE
March 10-17, 2012
St. Thomas
www.tropicalce.com
sautry@tropicalce.com

April

OKLAHOMA ASSOCIATION OF OPTOMETRIC PHYSICIANS
ANNUAL SPRING CONGRESS
April 13-14, 2012
Embassy Suites and Convention Center, Norman, OK
Heatherlyn Burton
405/524-1075
FAX: 405/524-1077
heatherlyn@oaop.org

CLASSIFIEDS

Professional Opportunities

A NEW EMPLOYMENT LINK: Looking for fill-in opportunities on your days off? Temp-practitioner.com is a new website designed to match health practitioners, including optometrists, with temporary employment opportunities. Registration is FREE, private, and there is NO OBLIGATION to accept any particular offer. Potential employers in your area will review your information and contact you about fill-in opportunities. You decide if the opportunity is right for you. You also negotiate your own fees, schedule, etc. So go to the website and sign up today and turn extra days into extra dollars!

Full-time opportunity with national managed care organization seeking Provider Relations Specialist, responsible for fee schedules, plan design, and network management. Formal eye care and business training preferred. Send resume to hr@opticare.net or Human Resources c/o OptiCare Managed Vision, P.O. 112 Zebulon Court, Box 7548, Rocky Mount, NC 27804. Equal Opportunity Employer

MIO head repair and handle replacement. 806-745-2222 Dr. Dunn

Optometrist Wanted Privately owned multi-location optometric practice has an opening for a full-time optometrist in Bangor, ME. Established practice with state of the art equipment, certified support staff, and EMR. Offering excellent compensation package. Send c.v. to: Paul Wheeler, Chief Operating Officer Smart EyeCare Center 255 Western Avenue Augusta, ME 04330 pwheeler@smarteyecare.com

Practice for Sale

Optometrist F/T Roanoke, Va. salary up to $120,000.00 with benefits. Recent grads welcome to apply. Please call 732-502-0071.

Peoria, Arizona practice for sale. 35 year general practice, emphasis on specialty contact lenses. Grossing low 300K on 4 days/week. 2 fully equipped exam rooms plus pretesting equipment. Contact at Rinehart@extremezone.com

Miscellaneous

Complete your practice with holistic vision care. www.holisticwvi.com 806-745-2222

DO YOU WANT TO HELP CHILDREN? 1 out of 4 children struggle with vision problems that interfere with reading and learning. Detection and treatment of these vision problems could be your niche. Learn more about making vision therapy a profitable service in your practice. Call today to schedule a free consultation with Toni Bristol at Expansion Consultants,Inc., specializing in Vision Therapy practice management and marketing since 1988. **Toll free 877/248-3823**

For Sale - Humphrey Atlas 993 Corneal Topography System Doctor deceased, family selling equipment. $3000 Donna Escol 16490 Chesapeake Dr. Broomfield, Co. 80023 303-664-8298

I NEED FRAMES, temples, bridges stamped 1/10th 12Kg.f. (GOLD FILLED). New, old stock, or Used. Full, Semi, or Rimless styles. Paying over $500/lb. Contact GF Specialties, Ltd. 800/351/6926. WWW.GFSPECIALTIES.COM

Interested in adding structure to your vision therapy practice and feeling more confident in your clinical skills? The OEP Clinical Curriculum Courses can help. Call 800 447 0370.

Pretesting Tables For Less. Save hundreds on equipment and power tables. Just search PRETESTING TABLES at EBAY and save hundreds on all your pretesting equipment needs. Simply go to: www.EBAY.com and search the words: PRETESTING TABLES and start saving hundreds today on TABLES, EQUPMENT and MORE.

Quality Pre-Owned Equipment at Wholesale Prices- Zeiss/Humphrey, Topcon, Reichert, Oculus, Haag-Streit with warranty for thousands less than new. We purchase equipment for cash/trade. Tired of waiting months for equipment? We only sell from inventory. **Precision Equipment (352) 207-6858, www.precision-equip.com**

VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!! How would you like to donate your outdated equipment to a worthy cause and receive a *tax deduction* at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. The most desirable items that programs in developing countries need are: Trial lens kits, Battery powered hand scopes, Assorted Pliers and Optical Tools, Hand Stones for edging plastic lenses, uncut lenses (both SV and BF), Manual Lensometers, Phoropters, Lens Clocks, Color Vision Tests, Keratometers and Biomicroscopes. This list is certainly not complete but gives you an idea of some of the basic needs these developing programs can benefit from.

All items may be shipped directly to:
VOSH INTERNATIONAL
C/O VOSH-SE
3701 SE 66th St
Ocala, Florida 34480

Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email dpvc@juno.com and/or voshinternational@comcast.net.

Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are are as follows: 1 column inch = $65 (40 words maximum) 2 column inches - $115 (80 words maximum) 3 column inches = $155 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is $30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at t.peppers@elsevier.com attention Traci Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

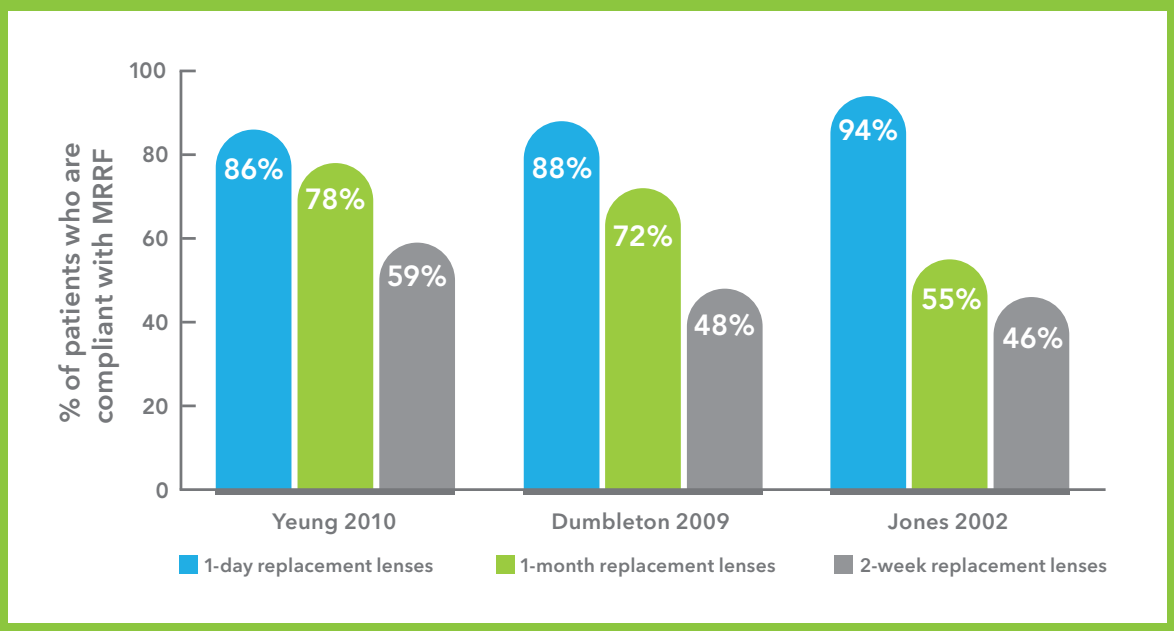
Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers - Elsevier ad sales contact - at 212.633.3766 for advertising rates for all classifieds and showcase ads.

IN MY PATIENT'S EYES, I AM THE ONE

The Power of One from CIBA VISION®

Helping you advance patient compliance*:

Three studies over 8 years with nearly 3000 patients at academic research institutions showed that 1-day and 1-month replacement lens wearers are far more compliant than 2-week replacement lens wearers.[1,2,3]



- On average, patients replace 2-week replacement lenses every 37 days vs 47 days for 1-month replacement lenses[4]
- Compliant patients experience better comfort and vision,[5]** and fewer contact lens–related problems[4†]
- Fewer problem patients means more time for new patients

Visit **www.mycibavision.com/power-of-one** or speak to your CIBA VISION® representative about our daily disposable and monthly replacement contact lenses.

CIBA VISION
POWER OF ONE
MORE POWER FOR GREATER SUCCESS

*Compliance with Manufacturer-Recommended Replacement Frequency (MRRF).

**Compared to 2-week lenses based on subjective ratings at end of day and when lenses need replacing.

†Compliance with Optometrist-Recommended Replacement Frequency, compared to patients who are non-compliant.

References: 1. Dumbleton K, Woods C, Jones L, et al. Patient and practitioner compliance with silicone hydrogel and daily disposable lens replacement in the United States. *Eye & Contact Lens.* 2009;35(4):164-171. **2.** Yeung K, Forister J, Forister E, et al. Compliance with soft contact lens replacement schedules and associated contact lens-related ocular complications: The UCLA Contact Lens Study. *Optometry.* 2010;81(11):598-607. **3.** Jones L, Dumbleton K, Fonn D, et al. Comfort and compliance with frequent replacement soft contact lenses. *Optom Vis Sci.* 2002;79:259. **4.** Dumbleton K, Woods C, Jones L, et al. The relationship between compliance with lens replacement and contact lens-related problems in silicone hydrogel wearers. *Contact Lens Anterior Eye* (2011), doi:10.1016/j.clae.2001.03.001. **5.** Dumbleton K, Woods C, Jones L, et al. Comfort and Vision with Silicone Hydrogel Lenses: Effect of Compliance, *Optom Vis Sci.* 2010;87(6):421-425.

DON'T BE FOOLED BY

OTHER DAILY DISPOSABLE CONTACT LENSES.

DAILIES® brand contact lenses are the **only family of daily disposable lenses**—designed for single-use compliance.**

EYES DESERVE *DAILIES*®

Your patients can

SAVE UP TO $100†

On DAILIES® AquaComfort Plus® and Focus® DAILIES® Toric contact lenses. Visit dailies.com for more details.

Compliance: DAILIES® brand contact lenses are **true daily disposable lenses,** with built-in compliance.

DAILIES® brand contact lenses
(nelfilcon A)

SAME POLYMER AS

None. Unique daily disposable lens polymer.

- Unique lens material for single-use compliance
- Built-in moisturizing agent gradually diminishes over a 20-hour period for single-use compliance

Other "daily disposables" are made of the same polymers as weekly or monthly lenses.

1-DAY ACUVUE® *MOIST*® contact lenses ***(etafilcon A)***

SAME POLYMER AS

ACUVUE® 2™ contact lenses
(etafilcon A)

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